

Name
in
Full

Belle Anderson

CERTIFICATE OF DEATH

Died <i>Geor Harman</i> <small>Town</small> <i>Anne Arundel</i> <small>County</small>		MARYLAND	
Date of death <i>1909</i>	<i>April</i> <small>Month</small>	<i>16</i> <small>Day</small>	<i>21</i> <small>Years</small>
		<i>2</i> <small>Months</small>	<i>7</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birthplace <i>Anne Arundel Co Md</i>	
Occupation <i>Housekeeper</i>	Where Residing if not at place of death <i>Residing at Harman</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Samuel Anderson</i>		
Father's Name <i>Joseph Bradford</i>	Father's Birthplace <i>Atco Ma</i>		
Mother's Maiden Name <i>Clarissa Johnson</i>	Mother's Birthplace <i>Atco Ma</i>		
Name of person giving information <i>Clarissa Carter</i>		How related to deceased <i>Mother</i>	

Premature labor caused
by fall.

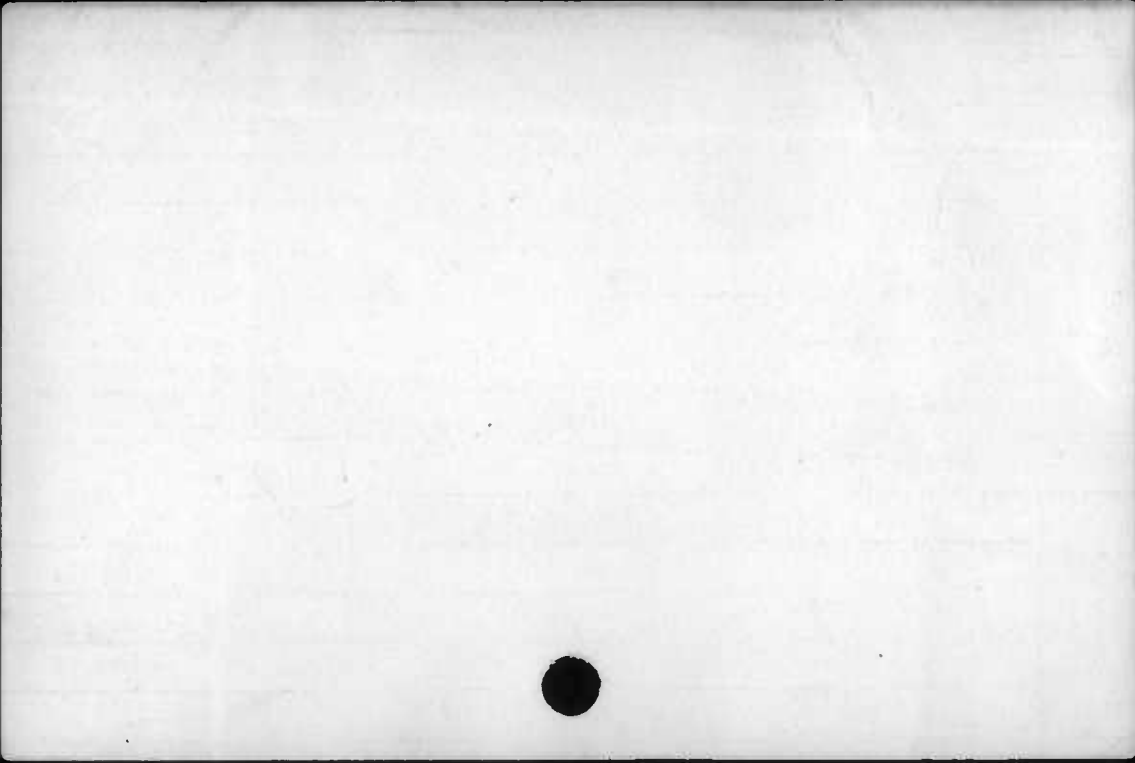
CAUSES OF DEATH

137

Primary	<i>Peritonitis (puerperal)</i>	How long <i>10 days</i>
Immediate	<i>Exhaustion</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>E B Robinson</i>
		Address <i>Hanover Md</i>
Accident or suicide <i>Fall down steps.</i>		

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

1



Name
in
Full

CERTIFICATE OF DEATH

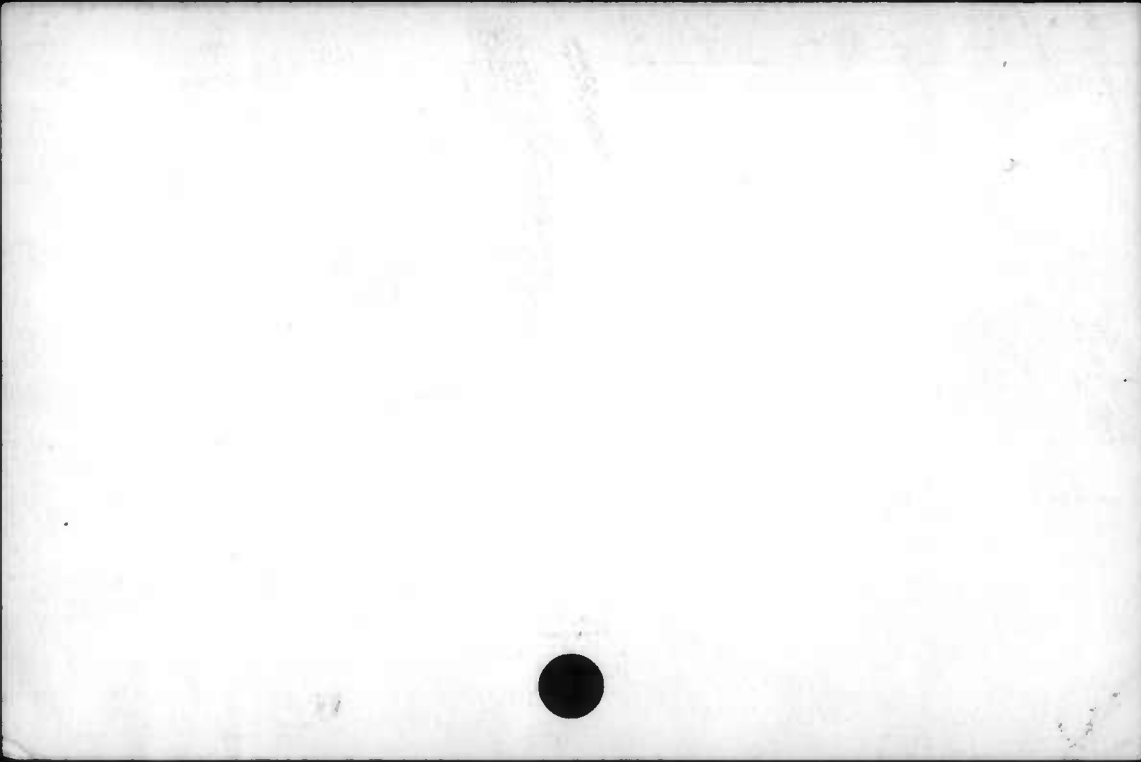
TO BE ANSWERED BY
NEAREST FRIEND

— Bell
Town Annapolis County A. A.
Died at
Date of death 1909 Apr. 24 Age —
Sex Female Color or Race White Birth-place Annapolis Md
Occupation —
Where Residing if not at place of death —
Married, Single or Widowed Single Name of Wife or Husband —
Father's Name John H. Bell Father's Birthplace Balto. Md
Mother's Maiden Name Dora Richardson Mother's Birthplace A. A. Co. Md
Name of person giving Information John H. Bell. How related to deceased Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Still born How long —
Immediate — How long —
Are the name, age, sex, color, date and place correctly given above? Yes
Signature of Physician Geo. Wells.
Address Annapolis Md.
Accident or Suicide No



Name
in
Full

CERTIFICATE OF DEATH

Mary Ellen Bell

Town

County

MARYLAND

Died at Annapolis

Date of death 1909 apr 6

Day

Age

Years

Months

Days

Sex Female

Color or Race

Colored

Birthplace

Washington

Occupation

Domestic

Where Residing if not at place of death

15- Bladensburg

Married, Single or Widowed

Married

Name of Wife or Husband

Joseph Bell

Father's Name

Harry Dent

Father's Birthplace

Southland

Mother's Maiden Name

Eliza Jones

Mother's Birthplace

15- Bladensburg

Name of person giving information

James Gaudin

How related to deceased

friend

CAUSES OF DEATH

Primary

Acute Nephritis

How long

4 weeks

Immediate

Heart Failure

How long

10 minutes

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

R. P. Keener

Address

600 Cathedral St

Accident or Suicide?

No

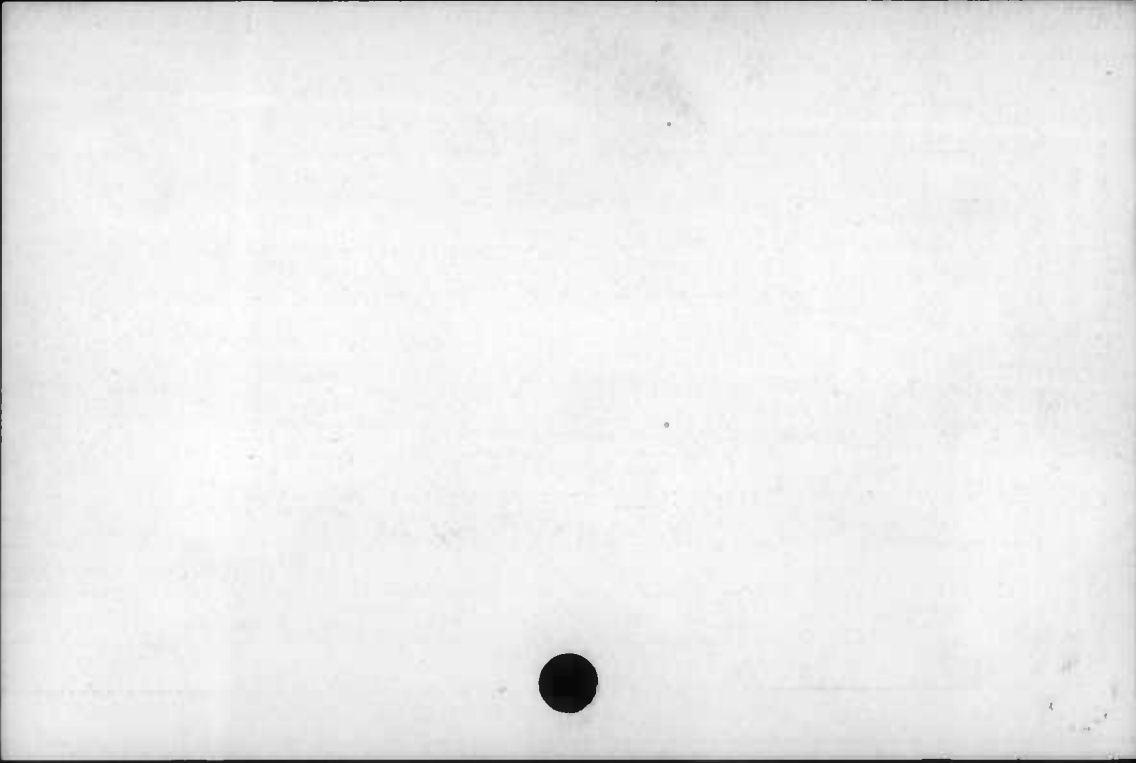
Annapolis

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

1

119



Name
in
Full

Henry Benton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Near Friendship ^{County} a a MARYLAND

Date of death 1909 Month 4 Day 27 Age 70 Months Days

Sex Male Color or Race Colored Birth-place Md

Occupation Sailor Where Residing if not at place of death

Married, Single or Widowed widowed Name of Wife or Husband Unknown

Father's Name Unknown Father's Birthplace Unknown

Mother's Maiden Name Unknown Mother's Birthplace Unknown

Name of person giving Information Hattie Benton How related to deceased Daughter

CAUSES OF DEATH

29

PHYSICIAN
OR CORONER

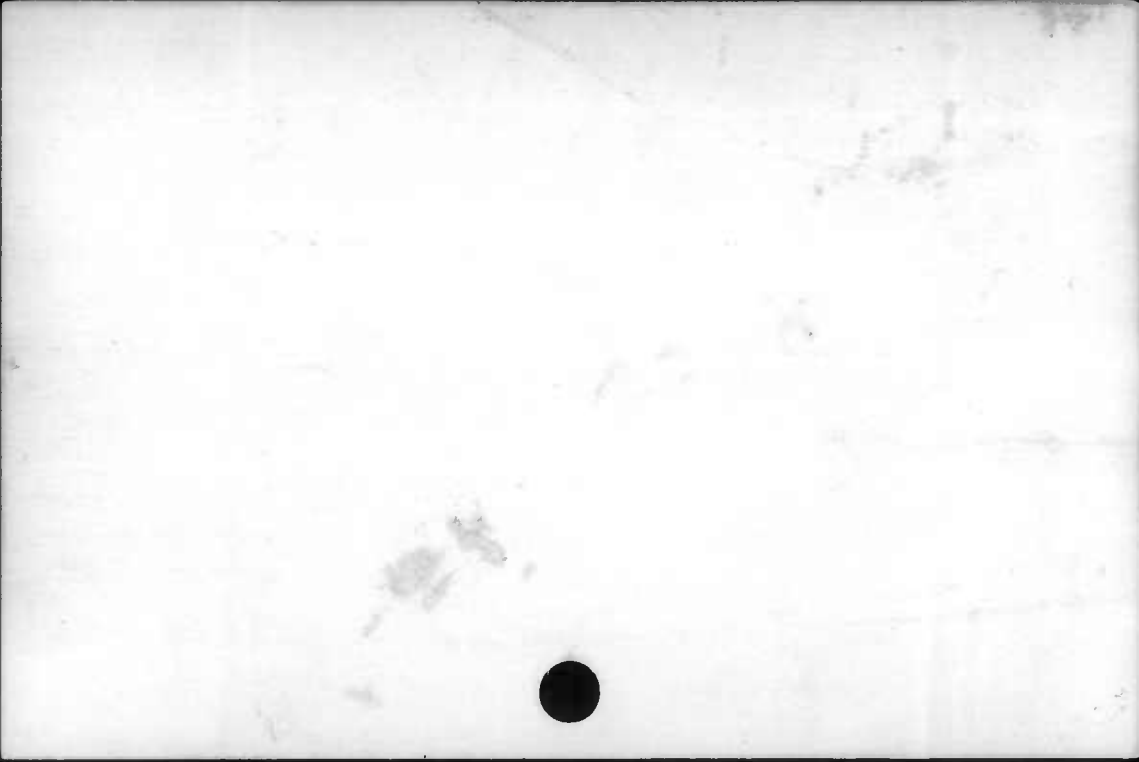
Primary Intestinal Tuberculosis How long Several Months

Immediate Heart Failure How long

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician L Brayshaw

Address Friendship Md

Accident or Suicide



Name
in
Full

Lomia J. Bethia

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County	
Zick Neck 3 rd dist.				Anne Arundel Co. MARYLAND	
Date of death	Month	Day	Years	Months	Days
1909	April	25	Age 23 -	-	-
Sex	Color or Race		Birth-place		
Female	Colored		South Carolina		
Occupation	Where Residing if not at place of death				
Housewife	South Carolina				
Married, Single or Widowed	Name of Wife or Husband				
Married	James C. Bethia				
Father's Name	Father's Birthplace				
Henry McRoe	South Carolina				
Mother's Maiden Name	Mother's Birthplace				
Unknown	South Carolina				
Name of person giving Information	How related to deceased				
James C. Bethia	Husband				

CAUSES OF DEATH

137

PHYSICIAN
OR CORONER

Primary	How long
Abortion	4 months
Immediate	How long
Septicemia	6 days
Are the name, age, sex, color, data and place correctly given above?	Signature of Physician
Yes	James S. Bellinger
	Address
	Armiger
	Md.
Accident or Suicide	
No	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

2

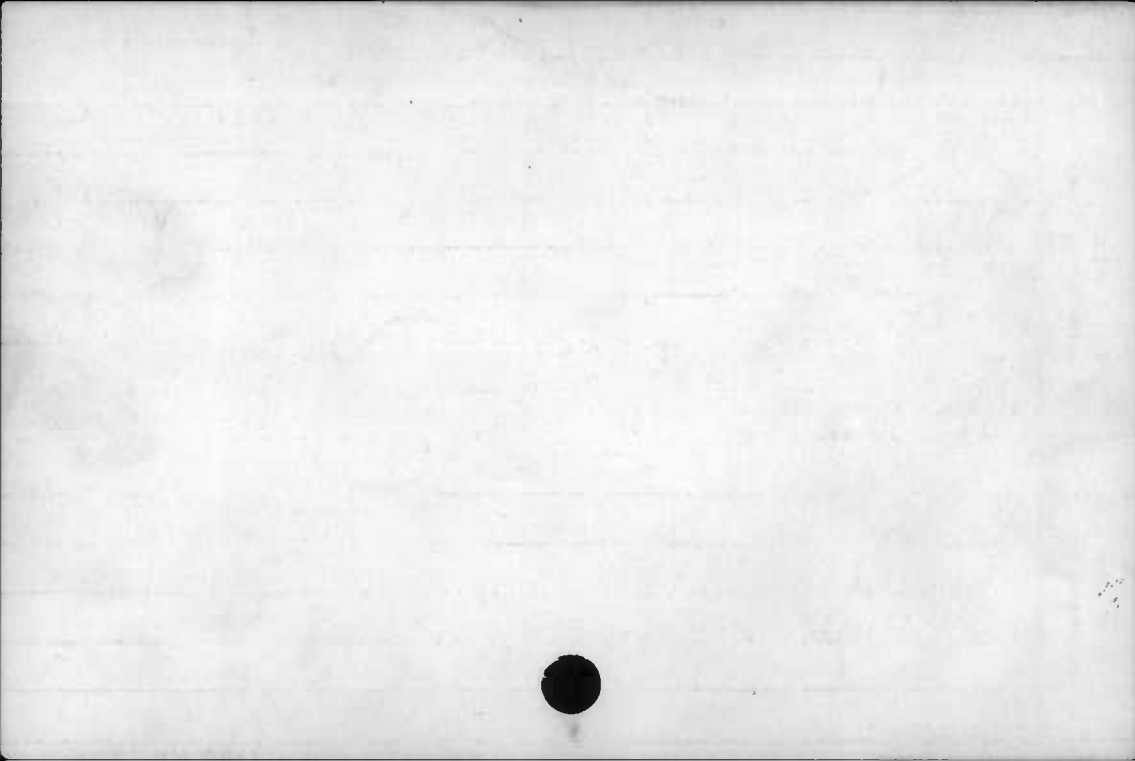
Died at <i>Annapolis</i>		Town <i>Annapolis</i>		County <i>A A</i>		MARYLAND	
Date of death	<i>1909</i>	Month <i>Apr</i>	Day <i>12</i>	Age <i>54</i>	Years	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore</i>				
Occupation <i>Keeper of Public Place</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>James Bond</i>					
Father's Name <i>John Hecker</i>				Father's Birthplace <i>Germany</i>			
Mother's Maiden Name <i>Unknown</i>				Mother's Birthplace <i>Unknown</i>			
Name of person giving information <i>William H. Sanders</i>				How related to deceased <i>Nephew</i>			

CAUSES OF DEATH

158

PHYSICIAN
OR
CORONER

Primary	<i>Drowning</i>	How long
Immediate	<i>"</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Charles G. Feldmeyer</i>
		Address <i>Justice of the Peace</i>
Accident or Suicide? <i>Suicide</i>		<i>Annapolis Md.</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Date

of death

1909 April 17

Age

Years

70

Months

9

Days

Sex

Male

Color or
Race

White

Birth-
place

North Carolina

Occupation

Farmer

Where Residing if not
at place of death

West Annapolis, Ind.

Married, Single
or Widowed

Widowed

Name of Wife or
Husband

Fellula B. Boush

Father's
Name

Dr John Boush

Father's
Birthplace

N. Carolina

Mother's
Maiden Name

Martha Evans

Mother's
Birthplace

N. Carolina

Name of person giving
Information

James C. Boush

How related
to deceased

Son

CAUSES OF DEATH

Primary

A. Lobar Pneumonia & Nephritis

How long

one week

Immediate

Uraemic Coma

How long

36 hours

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Lewis B. Tucker Jr

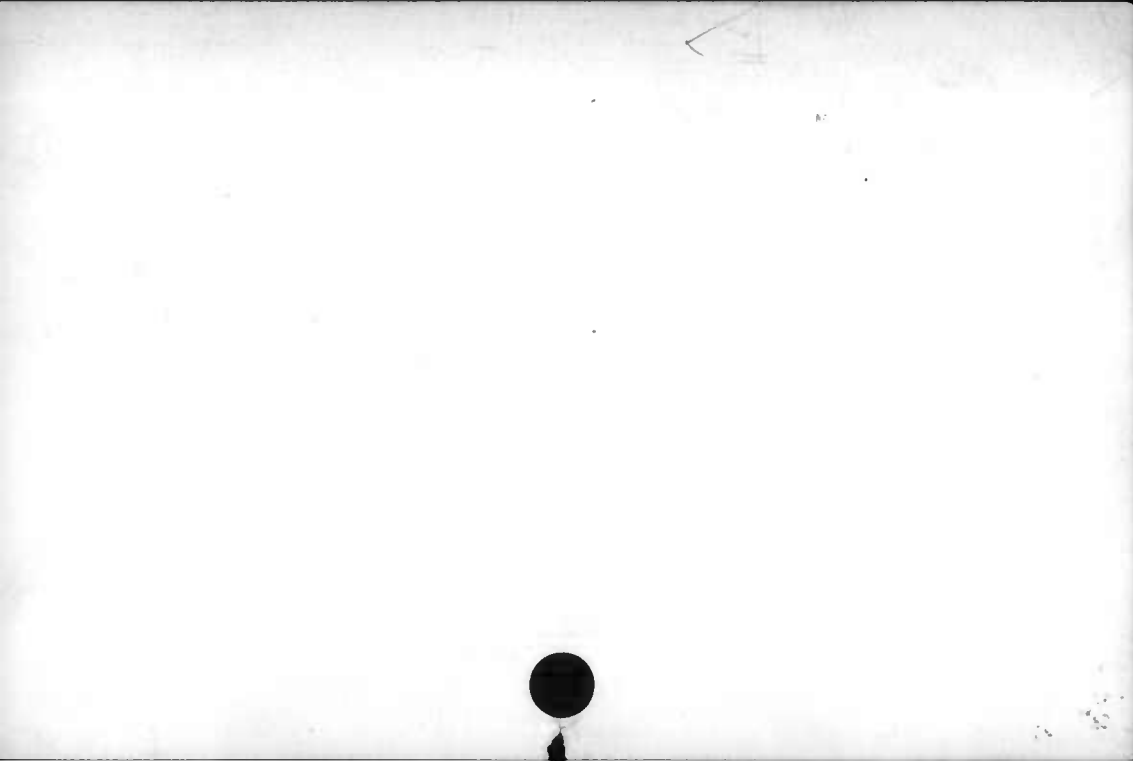
Address

Annapolis,
Ind

Accident or Suicide

Neither

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

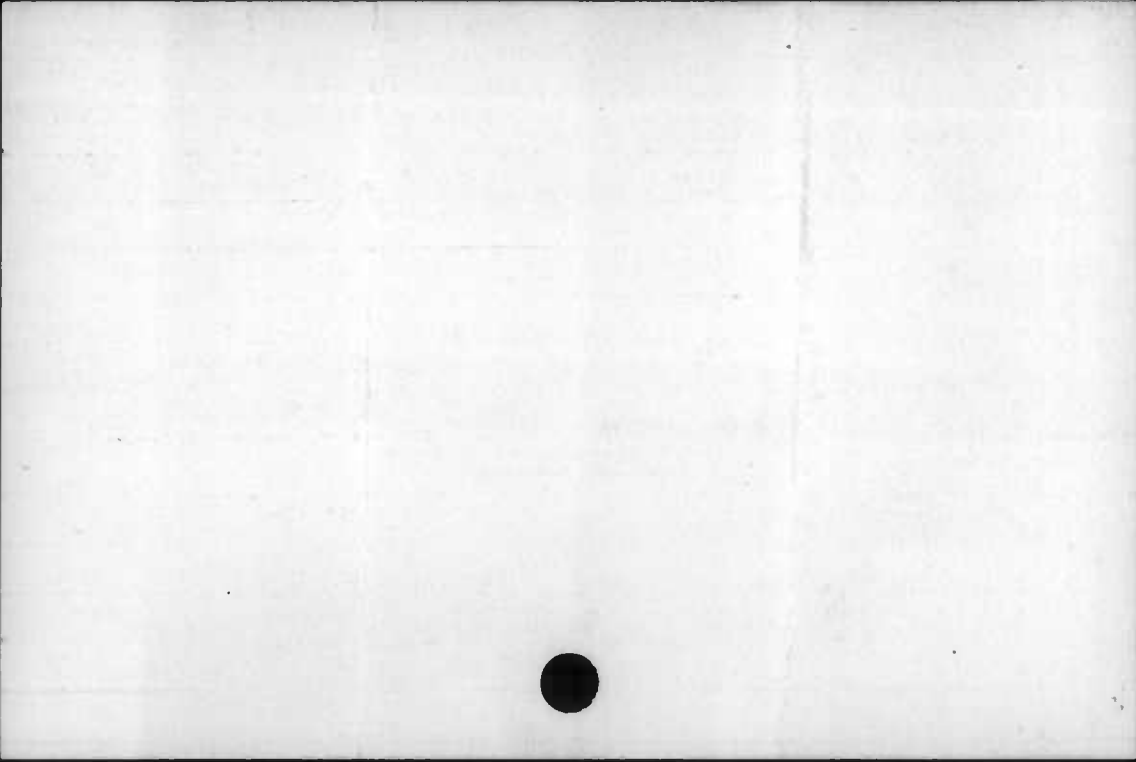
Died at		Town		County		MARYLAND	
Date of death	1909	April	23	Age	38	Months	Days
Sex	Male	Color or Race	Colored	Birth-place	Aaco Md		
Occupation	Oyster Shucker			Where Residing if not at place of death	German Town		
Married, Single or Widowed	Single			Name of Wife or Husband			
Father's Name	John Bradford			Father's Birthplace	Aaco.		
Mother's Maiden Name	Jennie Shuman			Mother's Birthplace	Aaco.		
Name of person giving information	John Bradford			How related to deceased	Brother		

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	Chronic Nephritis	How long	Months
Immediate	Memoria & Exhaustion	How long	Gradual
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	John Ridout
		Address	Annapolis Md
Accident or Suicide?			



Name
in
Full

Mary Catherine Brock

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at German town A. A. County MD
Date of death 1909 April 26 Age 83 Months 4 Days
Sex Female Color or Race White Birth-place Dresden, Germany
Occupation Housewife Where Residing if not at place of death German town, Md
Married, Single or Widowed Widow Name of Wife or Husband Charles F. S. Brock
Father's Name Unknown Father's Birthplace Unknown
Mother's Maiden Name Unknown Mother's Birthplace Unknown
Name of person giving Information Ernest G. Brock How related to deceased Son

CAUSES OF DEATH

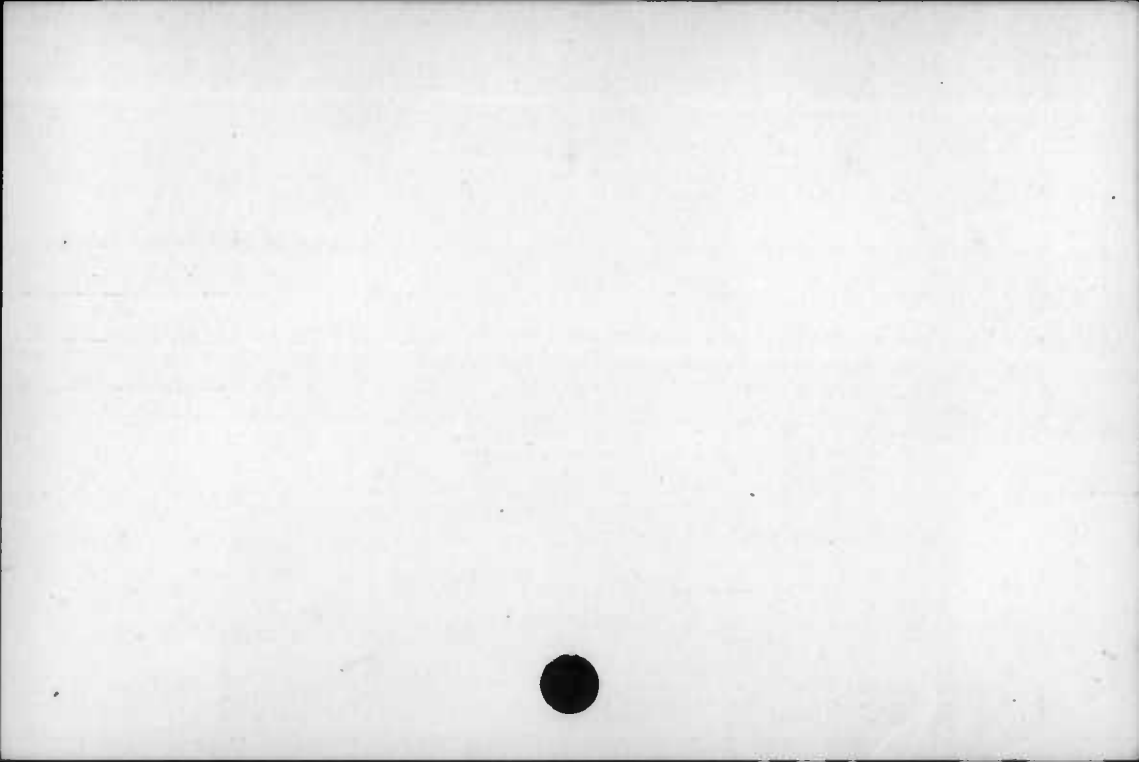
78

Primary Myocarditis & Nephritis How long Years.
Immediate Cardiac Arrest & Coma. How long 16 hours.
Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician Louis B. Stunkel Jr.
Address Annapolis, Md.
Accident or Suicidal Neither.

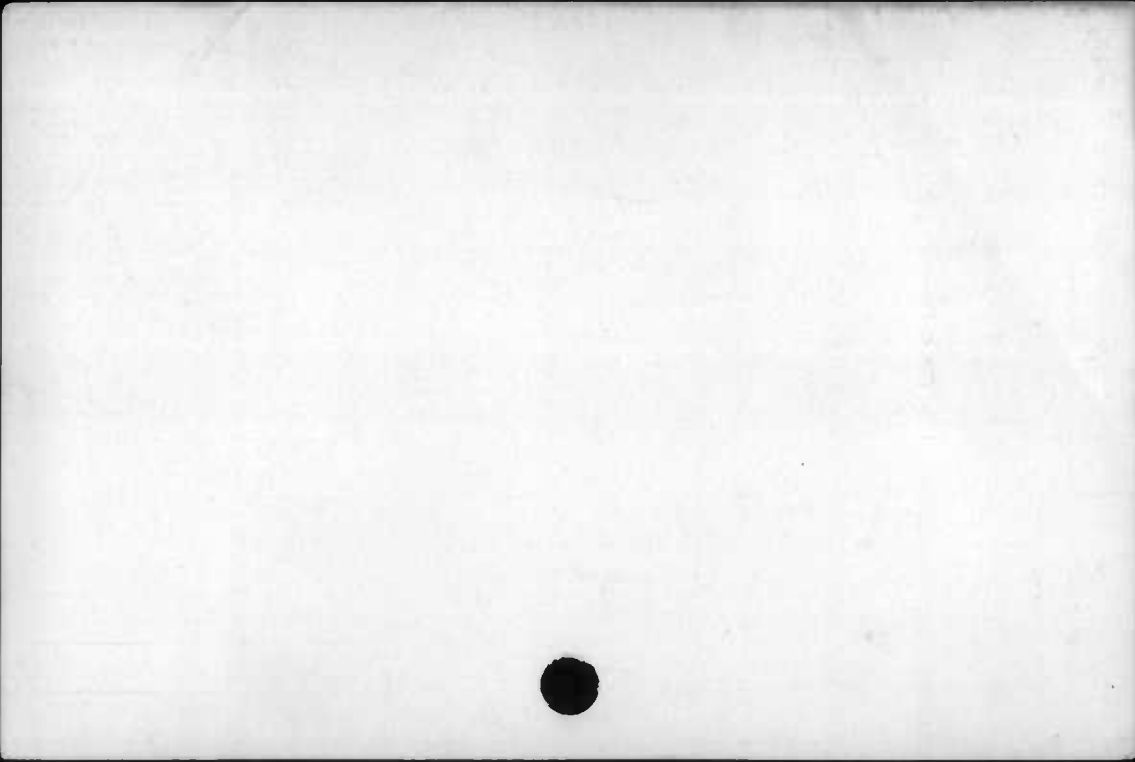
PHYSICIAN
OF CORONER

Dr. Mearns

Name in Full		Sidonia Brooks				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Marley		County Anne Arundel		MARYLAND	
	Date of death	1909	Month April	Day 17	Age 1	Years 1	Months X
	Sex	Female		Color or Race	Colored		Birth-place
	Occupation	—		Where Residing if not at place of death		—	
	Married, Single or Widowed	Single		Name of Wife or Husband		—	
	Father's Name	Samuel Brooks.				Father's Birthplace	Anne Arundel Co
PHYSICIAN OR CORONER	Mother's Maiden Name	Martha Spencer				Mother's Birthplace	Anne Arundel Co
	Name of person giving information	Sam. Brooks				How related to deceased	Father
	CAUSES OF DEATH						93
PHYSICIAN OR CORONER	Primary	Acute Pneumonia				How long	3 days
	Immediate	—				How long	—
	Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician		James S. Bellinger MD	
	Accident or Suicide?	No		Address		Sup-registrar 3rd dist. A.A. Co. Md	



Name in Full		Anna Rebecca Brown				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at ^{Town} Sloney Run		^{County} Anne Arundel		MARYLAND	
		Date of death 1909 April 15		Age 21		Months	
		Sex Female		Color or Race Colored		Birth-place A. A. Co Md	
		Occupation House servant		Where Residing if not at place of death Dred where residing			
		Married, Single or Widowed Single		Name of Wife or Husband			
Father's Name Unknown		Father's Birthplace Unknown		Mother's Maiden Name Harriet Ann Porter		Mother's Birthplace A. A. Co Md	
Name of person giving information Amanda Brown		How related to deceased Friend					
CAUSES OF DEATH							
PHYSICIAN OR CORONER 1		Primary Phthisis Pulmonalis		How long One year			
		Immediate Exhaustion		How long One day			
		Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician G. R. Winters		Address Hanover Md	
		Accident or Suicide?					



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

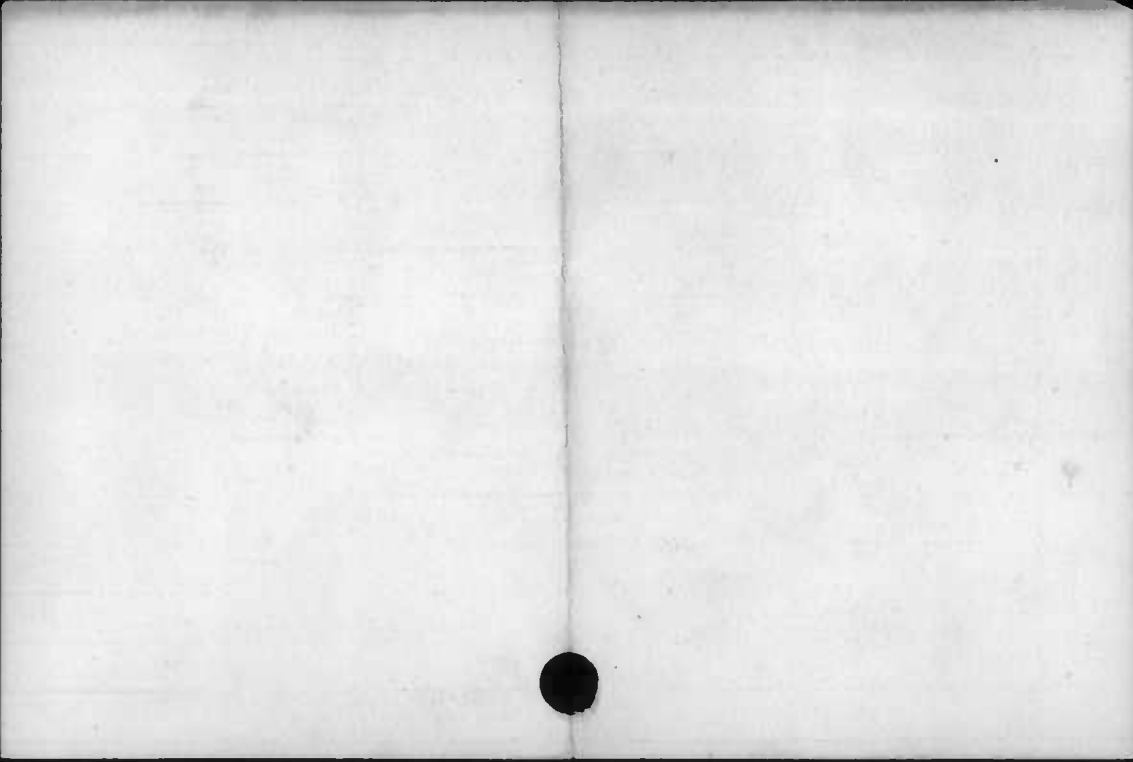
Died at <i>German Town</i> Town <i>Anne Arundel</i> County <i>MARYLAND</i>		
Date of death <i>1909</i> <i>April</i> <i>3</i> <i>9</i>	Age <i>9</i> Years <i>9</i> Months <i>9</i> Days	
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place <i>German Town</i>
Occupation <i></i>	Where Residing if not at place of death <i>German Town</i>	
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i></i>	
Father's Name <i>Richard Brown</i>	Father's Birthplace <i>Ala. Co.</i>	
Mother's Maiden Name <i>Mary Brown</i>	Mother's Birthplace <i>" " "</i>	
Name of person giving information <i>Richard Brown</i>	How related to deceased <i>Father</i>	

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary <i>Marasmus</i>	How long <i>Months</i>
Immediate <i>Exhaustion</i>	How long <i>Gradual</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>John Richard</i>
<i>Yes</i>	Address <i>Annapolis Md</i>
Accident or Suicide?	<i>Wd</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at

Annapolis

Town

County

Date

of death

1909

April

Day

13

Years

Age about 84

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Friendship 2nd

Occupation

Farmer

Where Residing if not
at place of death

109 Cathedral St.

Married, Single
or Widowed

Widowed

Name of Wife or
Husband

Sarah Jane Carr

Father's
Name

Walter Carr

Father's
Birthplace

Friendship 2nd

Mother's
Maiden Name

Mary E. Scribner

Mother's
Birthplace

Calvert County 2nd

Name of person giving
Information

Rosa C. Carr

How related
to deceased

Daughter

CAUSES OF DEATH

120

Primary

Chronic Nephritis

How long

years

Immediate

"

"

How long

Month or more

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

J. H. Purvis

Address

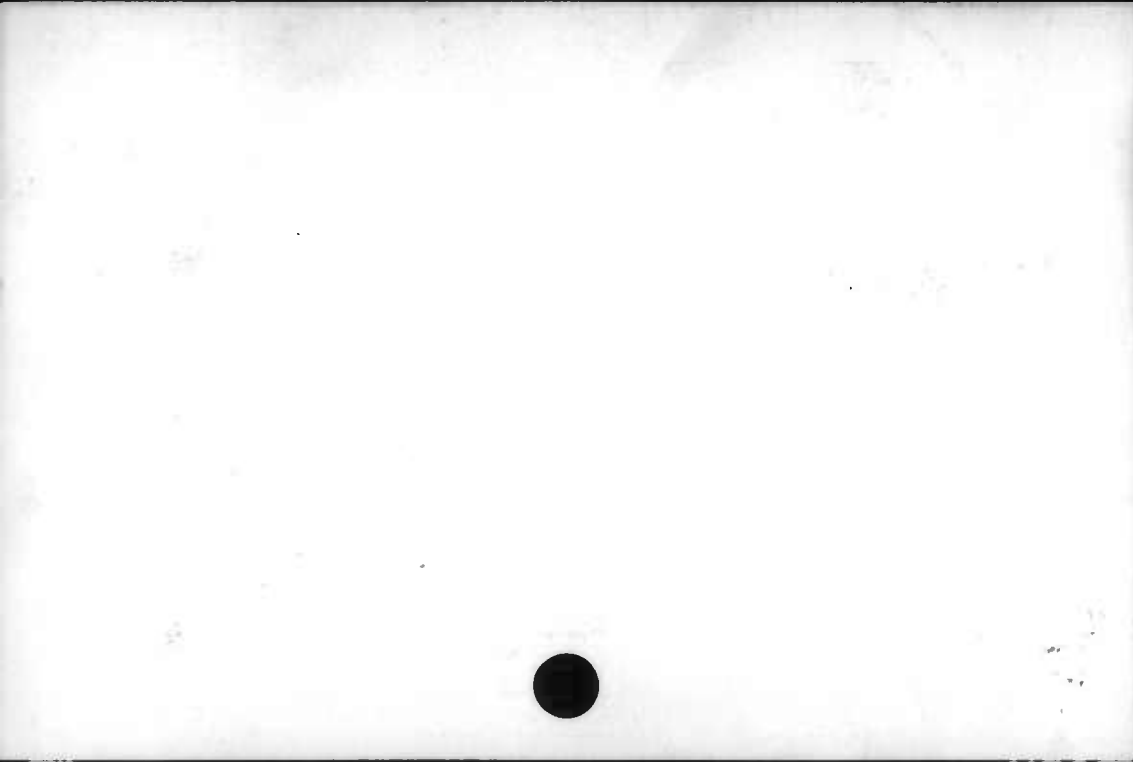
Annapolis
Md

Accident or Suicide

No

PHYSICIAN
OR CORONER

1

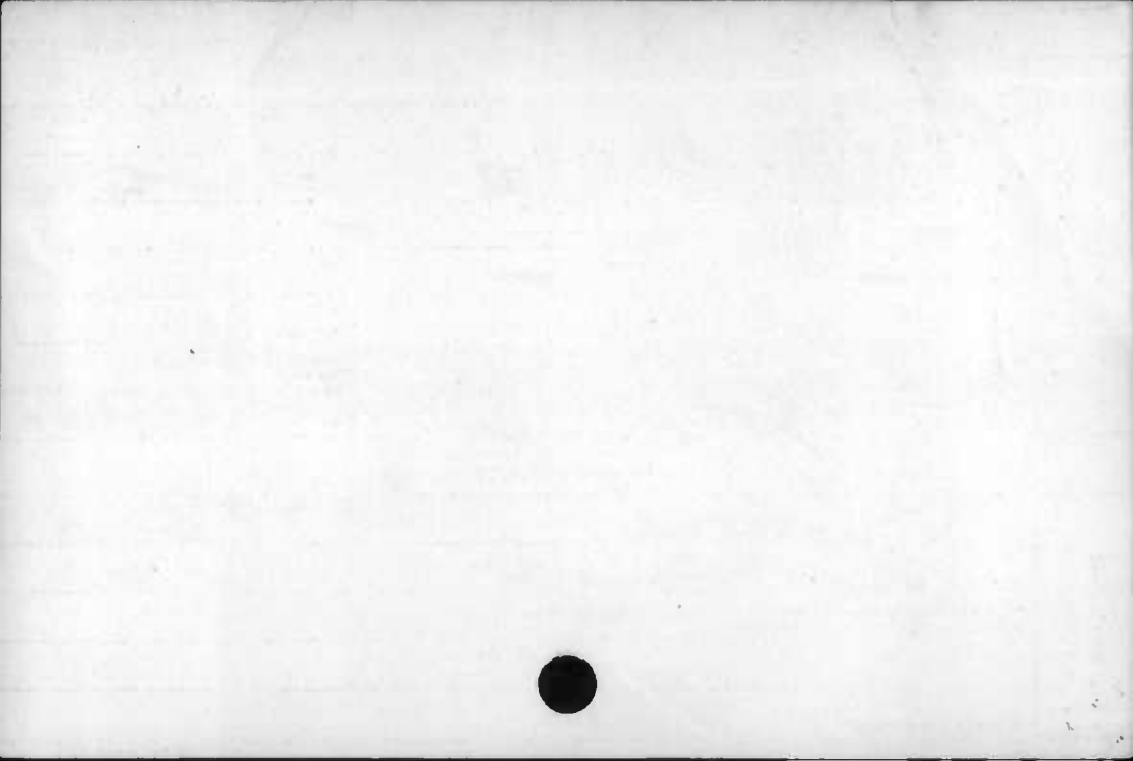


Name in Full Catherine Carter		CERTIFICATE OF DEATH	
Died at Near Harman ^{Town} Anne Arundel ^{County}		MARYLAND	
Date of death 1909 ^{Month} April ^{Day} 3 ^{Years} 30 ^{Months} ^{Days} 			
Sex Female Color or Race Colored Birth-place Anne Arundel Co Md			
Occupation Housekeeper Where Residing if not at place of death Dead when residing			
Married, Single or Widowed Single Name of Wife or Husband James E Carter			
Father's Name Demas E Gambrell Father's Birthplace At Co Md			
Mother's Maiden Name Priscilla Johnson Mother's Birthplace At Co Md			
Name of person giving information Cassius Gambrell How related to deceased Brother			
CAUSES OF DEATH			
Primary Tuberculosis How long 2 year			
Immediate Exhaustion How long Six weeks			
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician W R Winters	
		Address Hanson	
		Md	
Accident or Suicide?			

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
PROCORNER

27



Name
in
Full

Leroy Cautious

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

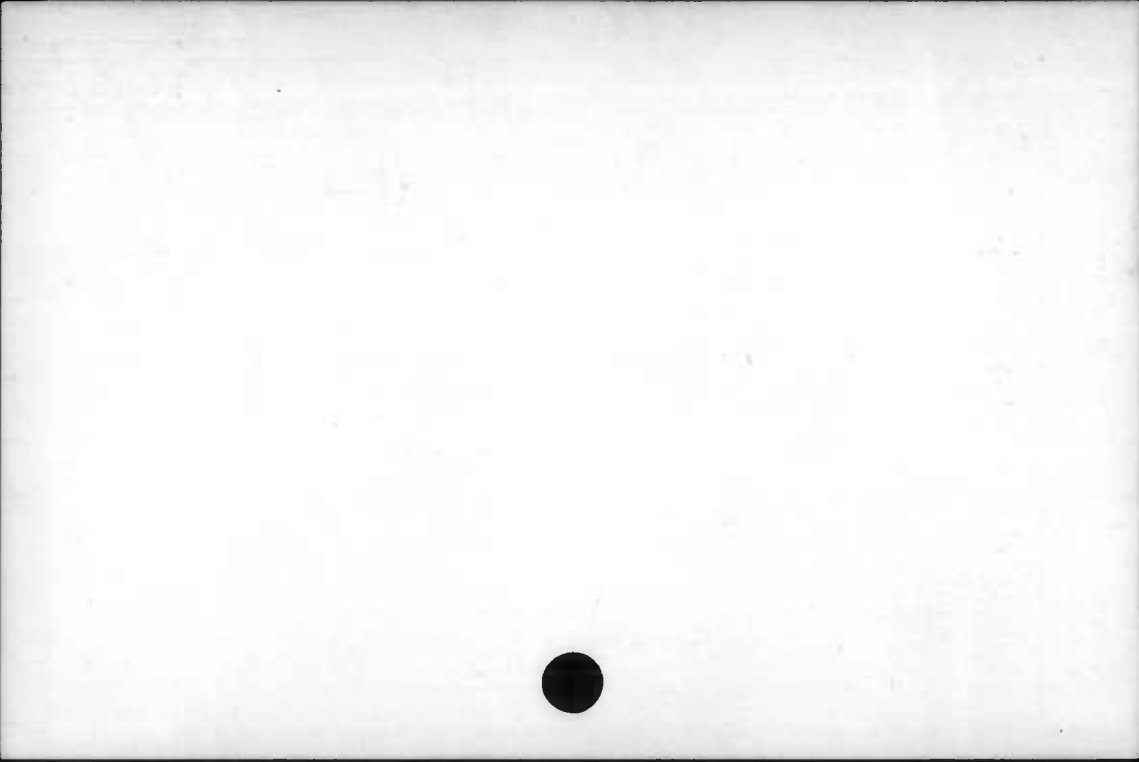
Died at <i>Annapolis</i> Town		<i>a. a.</i> County		MARYLAND	
Date of death	190 <i>9</i> Month <i>April</i>	Day <i>19.</i>	Age <i>f</i> Years	Months <i>4</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>Colord</i>	Birth-place <i>Philadelphia, Pa.</i>			
Occupation <i>unknown</i>	Where Reiding if not at place of death <i>28 Washington. St.</i>				
Married, Single or Widowed <i>single</i>	Name of Wife or Husband <i>unknown</i>				
Father's Name <i>James Cautious</i>	Father's Birthplace <i>Washington Dc</i>				
Mother's Maiden Name <i>Louvenia Colman</i>	Mother's Birthplace <i>West River Md</i>				
Name of person giving Information <i>Louvenia C. Cautious</i>	How related to deceased <i>Mother.</i>				

CAUSES OF DEATH

61

PHYSICIAN
OR CORONER

Primary <i>Dentition</i>	How long <i>Several days</i>
Immediate <i>Meningites</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>John Ridout</i>
	Address <i>Annapolis Md.</i>
Accident or Suicide	



Name
in
Full

Lizzie Chaja

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Solley</u> <small>Town</small>		<u>a-a-</u> <small>County</small>		MARYLAND	
Date of death <u>1909 April</u> <small>Month</small>	<u>17</u> <small>Day</small>	Age <u>1</u> <small>Years</small>	Months <u>—</u>	Days <u>—</u>	
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>St. Louis, Mo</u>			
Occupation <u>—</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>John Chaja</u>	Father's Birthplace <u>Bohemia</u>				
Mother's Maiden Name <u>Lizzie Molinsky</u>	Mother's Birthplace <u>Bohemia</u>				
Name of person giving information <u>John Chaja</u>	How related to deceased <u>Father</u>				

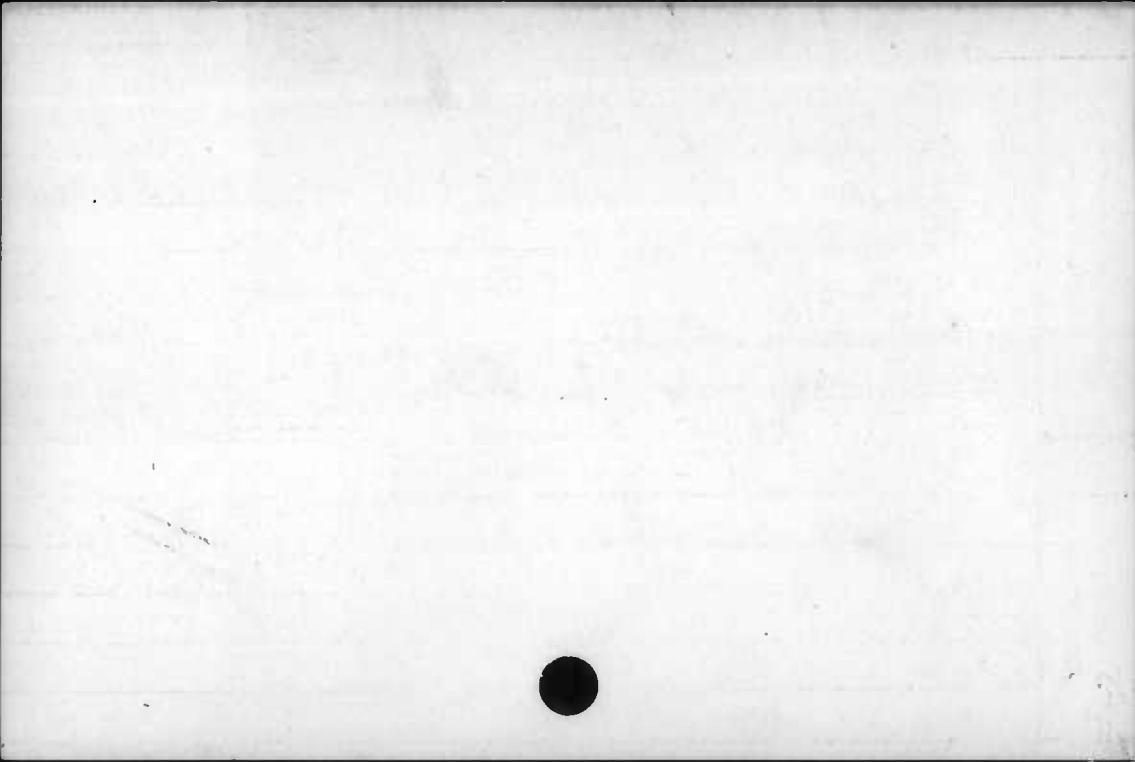
CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <u>Pneumonia</u>	How long <u>8 days</u>
Immediate <u>Heart Failure</u>	How long <u>at once</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>John C. Potee, Coroner</u>
	Address <u>Brooklyn</u>

1



Name
in
Full

Eva May Channing

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

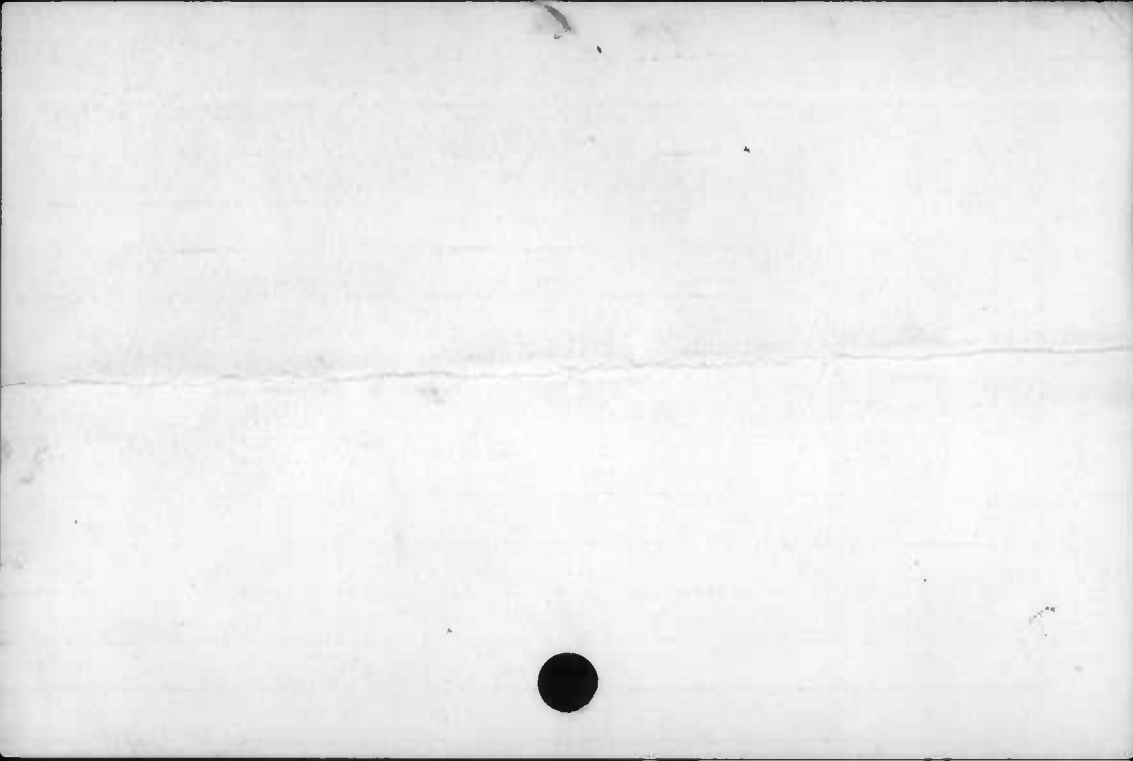
Died at		Town Bristol		County A. A. County		MARYLAND	
Date of death	1909	Month April	Day 12	Age 23	Years	Months	Days
Sex Female	Color or Race White			Birth-place Calvert Co. Md			
Occupation Housewife				Where Residing if not at place of death			
Married, Single or Widowed Married		Name of Wife or Husband Percy Channing					
Father's Name Thomas Anderson				Father's Birthplace Calvert Co. Md.			
Mother's Maiden Name Jane Donnell				Mother's Birthplace Calvert Co. Md.			
Name of person giving information Joseph Channing				How related to deceased Brother in Law			

CAUSES OF DEATH

138

PHYSICIAN
OR CORONER

Primary	Post-partum Eclampsia	How long	2 days
Immediate	Coma	How long	2 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Thos. M. Channing	
		Address Channing, Md.	
Accident or Suicide?			



Name
in
Full

Mary Smith Collinson

CERTIFICATE OF DEATH

Died at

South River

Town

Anne Arundel

County

MARYLAND

Date

of death

1909

Month

April

Day

2

Age

Years

65

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Maryland

Occupation

Housekeeper

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

John Collinson

Father's
Birthplace

Anne Arundel

Mother's
Maiden Name

Sarah Sewell

Mother's
Birthplace

Baltimore

Name of person giving
Information

John Collinson

How related
to deceased

Cousin

CAUSES OF DEATH

93

Primary

Asthma

How long

10 years

Immediate

Pneumonia

How long

12 days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

John Collinson
South River

Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Elvira Louisa Cox.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

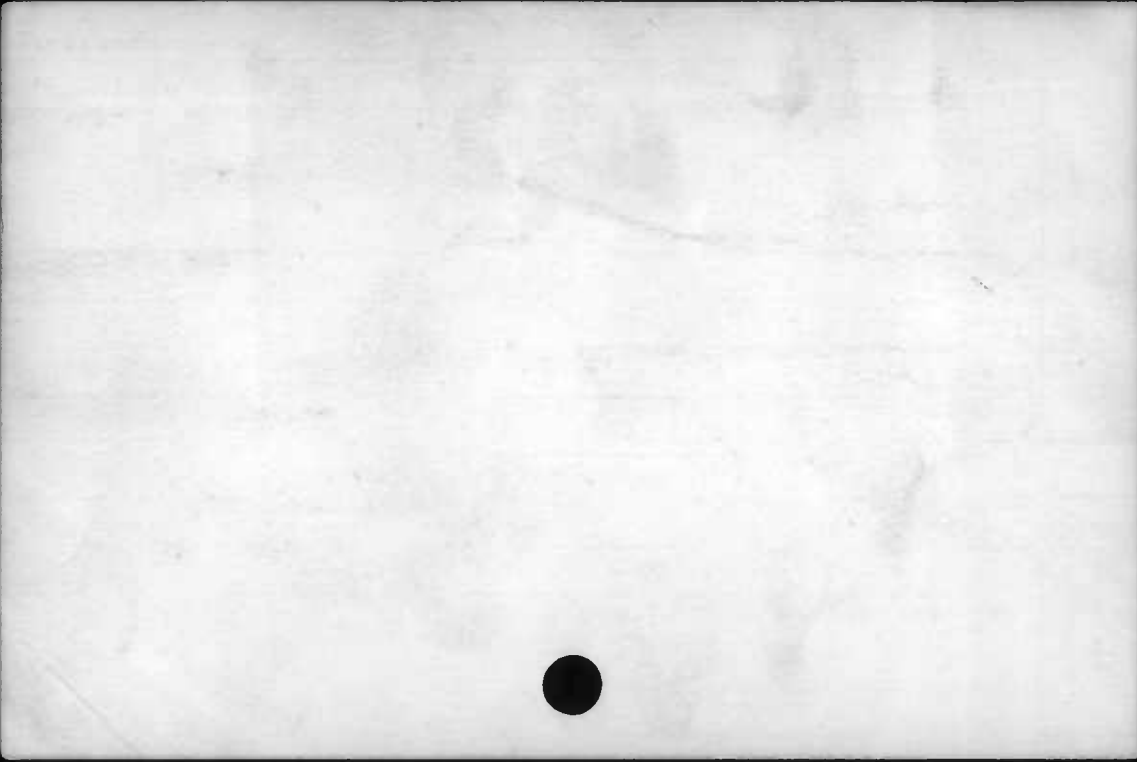
Died at <u>Arnold</u>		County <u>anne arnold</u>		MARYLAND	
Date of death 1909	Month <u>April</u>	Day <u>6</u>	Age <u>64</u>	Months	Days
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Arnold, Brundel Co.</u>		
Occupation <u>House Wife</u>			Where Residing if not at place of death		
Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>Isaac Cox.</u>			
Father's Name <u>James S. Wilson</u>			Father's Birthplace <u>Unknown</u>		
Mother's Maiden Name <u>Louisa Della</u>			Mother's Birthplace <u>Germany</u>		
Name of person giving Information <u>Elvira L. Jones</u>			How related to deceased <u>Daughter</u>		

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary	<u>Rail Accident (Car struck</u>	How long
Immediate	<u>Buggy while crossing railroad track.</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>John H. Davis</u>
Address <u>Maryland Electric Railway.</u>		Address <u>Carroll</u>
Accident or Suicide <u>Railway.</u>		<u>annapolis Md</u>



Name
in
Full

CERTIFICATE OF DEATH

Edward G. Fuller Jr

MARYLAND

Died at

Eastport

County

9a

Date

of death 1909

Month

April

Day

17

Age

Years

2

Months

1

Days

25

Sex

male

Color or
Race

white

Birth-
place

Phila

Occupation

none

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

none

Father's
Name

Edward G. Fuller Jr

Father's
Birthplace

md

Mother's
Maiden Name

Louisa J. Fullerton

Mother's
Birthplace

pa

Name of person giving
Information

Edward G. Fuller

How related
to deceased

Father

CAUSES OF DEATH

106

Primary

Errors of diet

How long

Immediate

Acute Gastro-enteritis

How long

1 week

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

S. S. Hepburn

Address

Annapolis

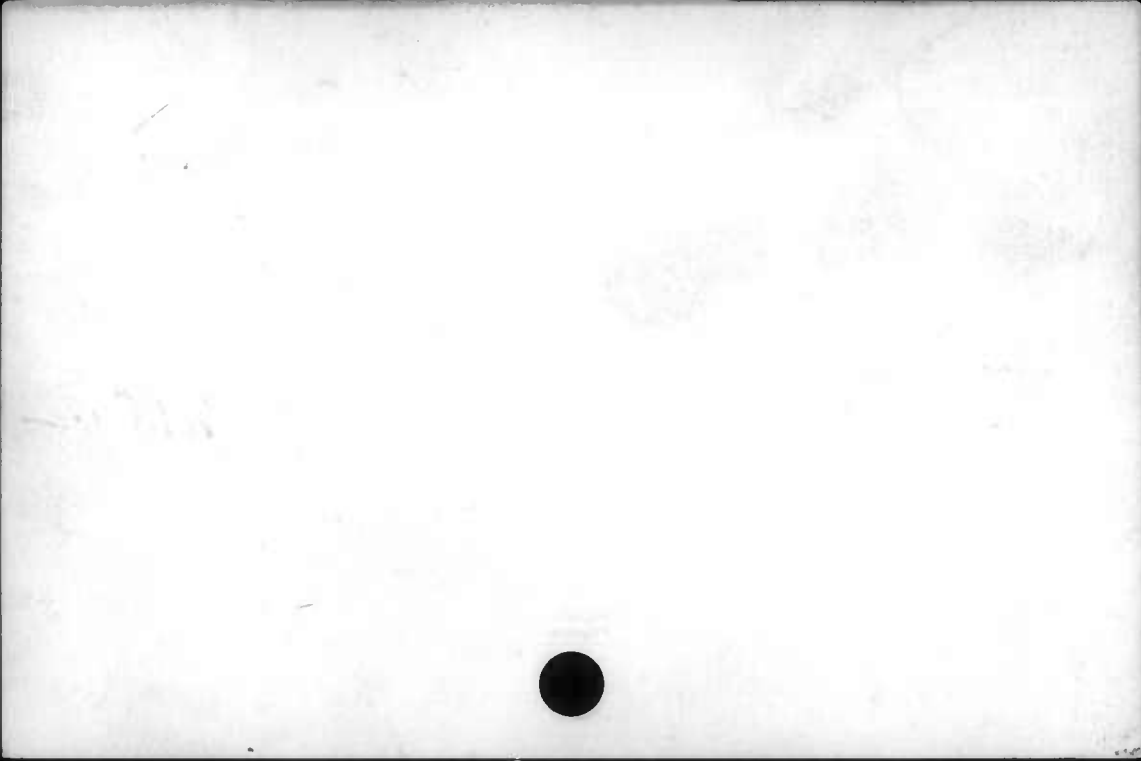
md

Accident or Suicida

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

1



Name
in
Full

Louis Green

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Annapolis		County Anne Arundel		MARYLAND	
Date of death		190	Month 9 April	Day 4	Age 67	Years 6	Months 28
Sex Male		Color or Race White		Birth- place Annapolis Md.			
Occupation Civil Engineer				Where Residing if not at place of death " "			
Married, Single or Widowed Widowed		Name of Wife or Husband Margaret L. Green					
Father's Name Nicholas H. Green		Father's Birthplace Annapolis					
Mother's Maiden Name Mary Augusta Harwood		Mother's Birthplace Annapolis					
Name of person giving Information Geo. F. Quaid		How related to deceased Son in Law					

CAUSES OF DEATH

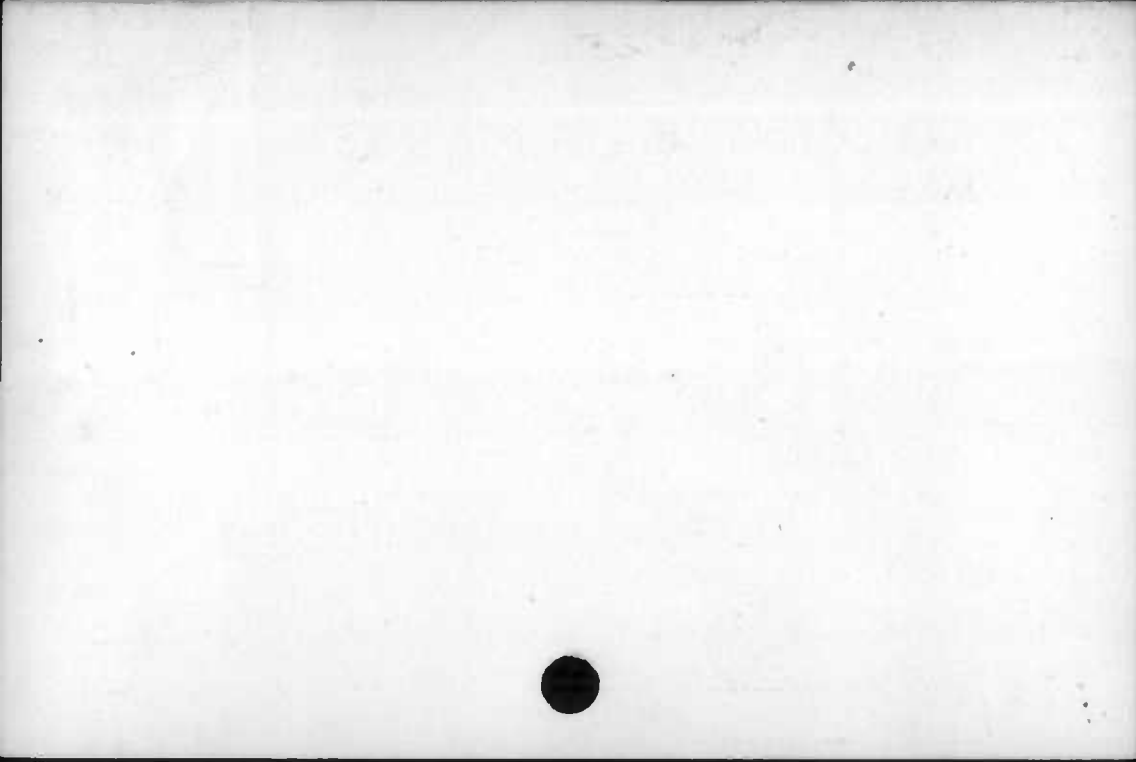
79

PHYSICIAN
OR CORONER

Primary	Heart Disease	How long	Several months
Immediate	Cardiac Arteriosclerosis	How long	1 week
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Jms Welch	
Address		Annapolis	
Accident or Suicide			



Name in Full		Certificate of Death				
TO BE ANSWERED BY NEAREST FRIEND ✓	Died at <u>Shady Side</u> Town		<u>A A</u> County		State of <u>MARYLAND</u>	
	Date of death <u>1909</u>	Month <u>Apr</u>	Day <u>6</u>	Age <u>—</u> Years	Months <u>9</u> Days <u>—</u>	
	Sex <u>Female</u>	Color or Race <u>Colored</u>		Birth-place <u>Md</u>		
	Occupation <u>None</u>		Where Residing if not at place of death <u>—</u>			
	Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>				
	Father's Name <u>Julius Gross</u>	Father's Birthplace <u>Md</u>				
	Mother's Maiden Name <u>Henrietta Gross</u>	Mother's Birthplace <u>Md</u>				
✓	Name of person giving information <u>Louis Brothers</u>		How related to deceased <u>Friend</u>			
	<div>CAUSES OF DEATH</div> <div>103</div>					
PHYSICIAN OR CORONER	Primary	<u>Intero Colitis</u>		How long	<u>14 Days</u>	
	Immediate	<u>Exhaustion</u>		How long	<u>1 Day</u>	
	Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>Geo. T. Smith</u>			
			Address <u>Churchton</u>			
	Accident or Suicide? <u>—</u>					



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i>		Town <i>Annapolis</i>		County <i>A. A. Co.</i>		MARYLAND	
Date of death <i>1909 April 4</i>		Month <i>April</i>		Day <i>4</i>		Age <i>About 90</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birthplace <i>A. A. Co. Md</i>			
Occupation <i>House Wife</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Amory Hammer</i>					
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>					
Name of person giving Information <i>Sarah Caper</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

154

Primary *General Debility - Old age*

How long

Immediate

How long

Are the name, age, sex, color, data and place correctly given above?

yes

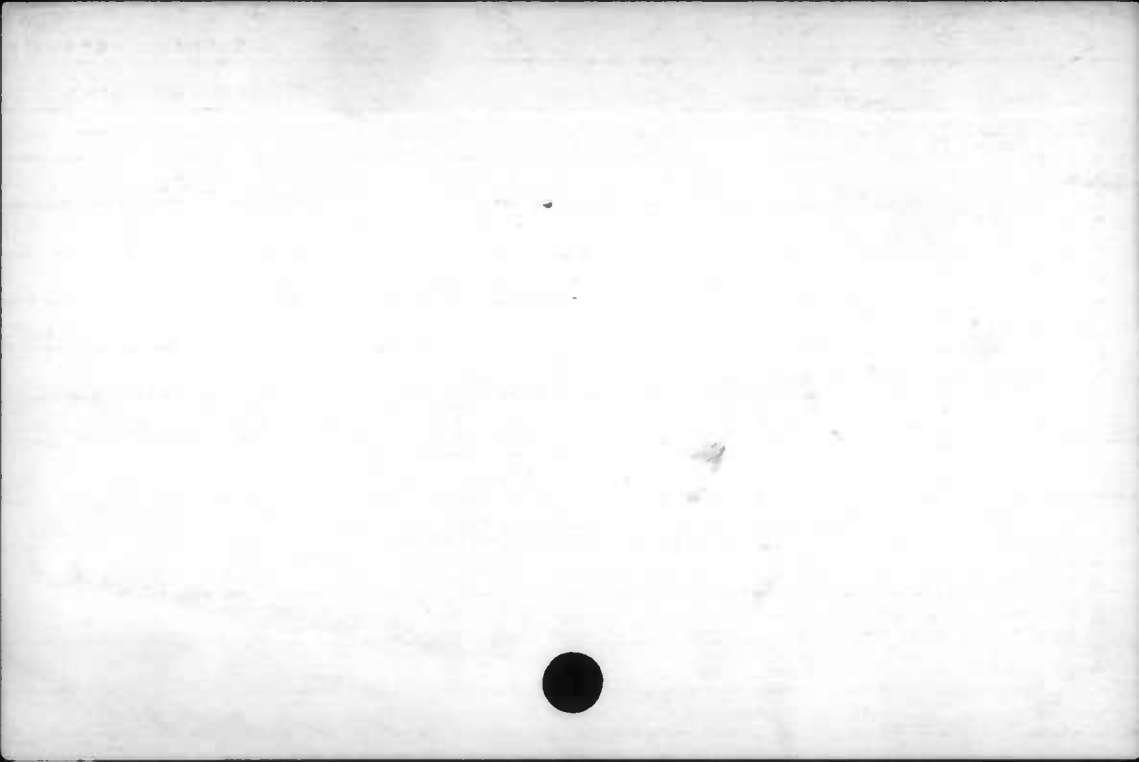
Signature of Physician

Address

Oliver Lewis
Annapolis
Md

Accident or Suicide

*no*PHYSICIAN
OR CORONER



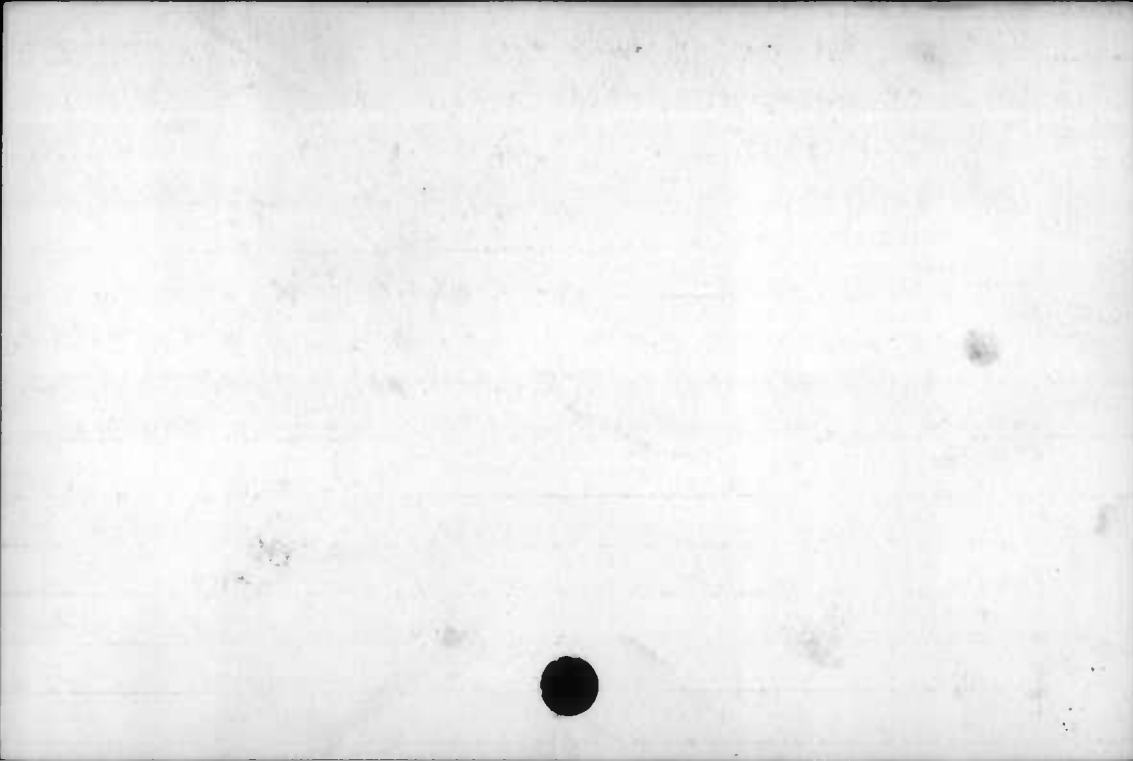
Name in full Benjamin Anderson		CERTIFICATE OF DEATH	
Died at German Town		County Anne Arundel	
Date of death 1909 apr 10		Age 25	
Sex Male		Color or Race Chond	
Occupation Laborer		Where Residing if not at place of death German Town	
Married, Single or Widowed Married		Name of Wife or Husband Ladie Johnson	
Father's Name Benjamin Johnson		Father's Birthplace Baltimore	
Mother's Maiden Name Lupine Johnson		Mother's Birthplace A A Co	
Name of person giving information "		How related to deceased Mother	
CAUSES OF DEATH			
Primary nephritis tubular		How long 2 months	
Immediate Coxitis		How long one week	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician R. P. Reese	
Address no		Address 600 Chedoke St Annapolis	
Accident or Suicide? no			

TO BE ANSWERED BY
NEAREST FRIEND

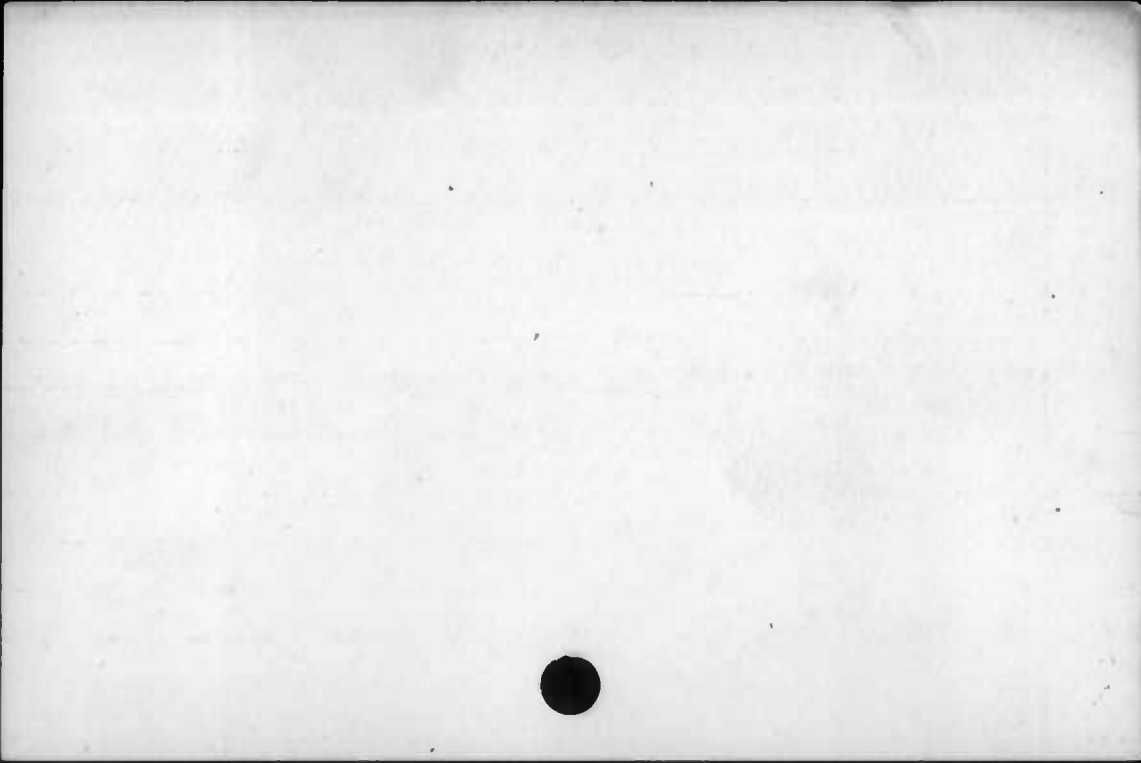
PHYSICIAN
OR CORONER

1

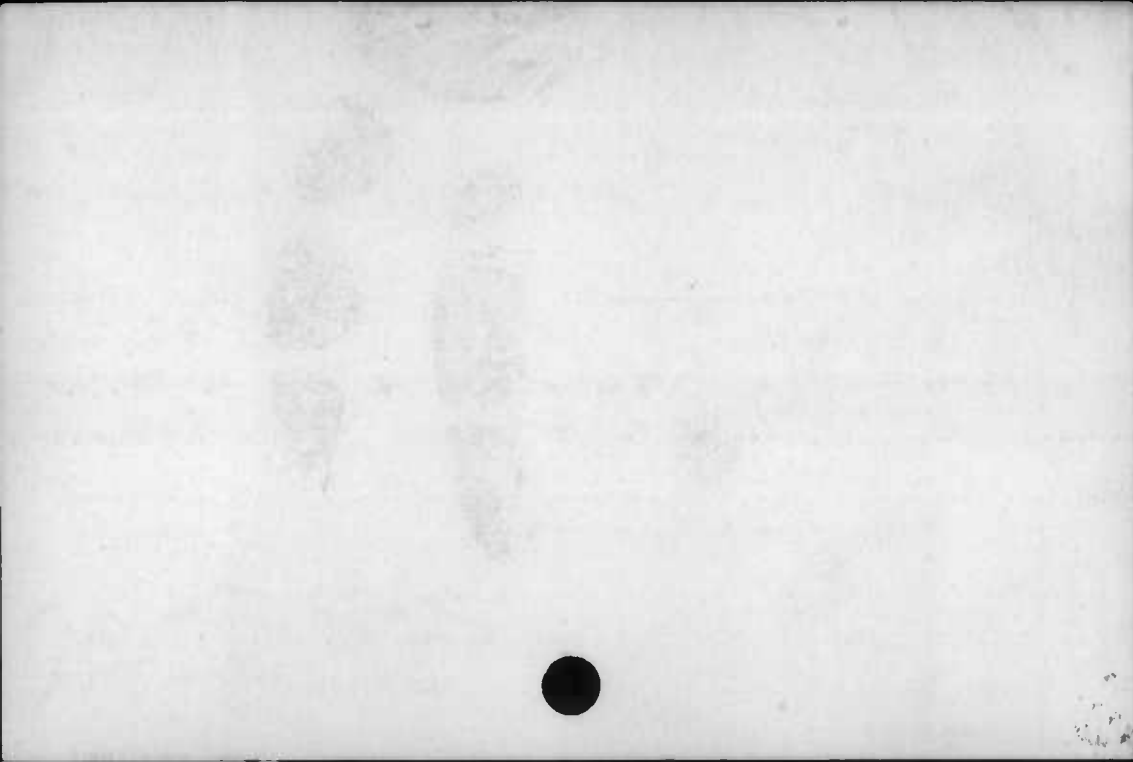
119



Name in Full		Certificate of Death			
Eliza Ann Henson		Town Magothy		County Anne Arundel	
Died at		State MARYLAND			
Date of death		Month April	Day 21	Years 63	Months Days
Sex Female		Color or Race Colored		Birth-place Baltimore Md	
Occupation Housewife		Where Residing if not at place of death —			
Married, Single or Widowed Married		Name of Wife or Husband James Henson			
Father's Name Miller		Father's Birthplace Un/known			
Mother's Maiden Name Margaret Armstrong		Mother's Birthplace Maryland			
Name of person giving information Columbus Kerr		How related to deceased Friend			
CAUSES OF DEATH					
Primary Mitral Insufficiency		How long 3 years			
Immediate Heart Failure		How long Immediate			
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician James S. Bellinger			
		Address Armyer Md			
Accident or Suicide? No					



Name in Full		Elizabeth Iglehart				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Town		County		MARYLAND		
		Died at Davidsonville		A. A.				
		Date of death		Month	Day	Years	Months	Days
		1909		April	15	53	2	19
		Sex		Color or Race		Birth-place		
Female		White		Davidsonville				
TO BE ANSWERED BY NEAREST FRIEND		Occupation		Where Residing if not at place of death				
		Nurse						
		Married, Single or Widowed		Name of Wife or Husband				
		Single						
		Father's Name		Mother's Maiden Name		Father's Birthplace		Mother's Birthplace
Jas A. Iglehart		Mar. Deborah Wells		A. A. Co Md		A. A. Co Md		
TO BE ANSWERED BY NEAREST FRIEND		Name of person giving information		How related to deceased				
		B R Davidson		Bro in law				
		CAUSES OF DEATH				(93)		
PHYSICIAN OR CORONER		Primary		Pleur. Pneumonia		How long		
		Immediate				65 yrs 8 1/2 mos		
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		
				B R Davidson		Address		
				Davidsonville		Md.		
		Accident or Suicide?						



Name
in
Full

Raymond L. Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Solley ^{Town} a-a- ^{County} MARYLAND

Date of death 1909 ^{Month} Apr ^{Day} 1 ^{Years} — ^{Months} 2 ^{Days} 20

Sex male Color or Race white Birth-place Solley, Md

Occupation — Where Residing if not at place of death —

Married, Single
or WidowedName of Wife or
HusbandFather's
NameWilliam E. JohnsonFather's
BirthplaceA. A. Co, MdMother's
Maiden NameEmma HenickleMother's
BirthplaceBatts, MdName of person giving
InformationWm E. JohnsonHow related
to deceasedFather

CAUSES OF DEATH

61PHYSICIAN
OR CORONER

Primary

meningitis

How long

one day

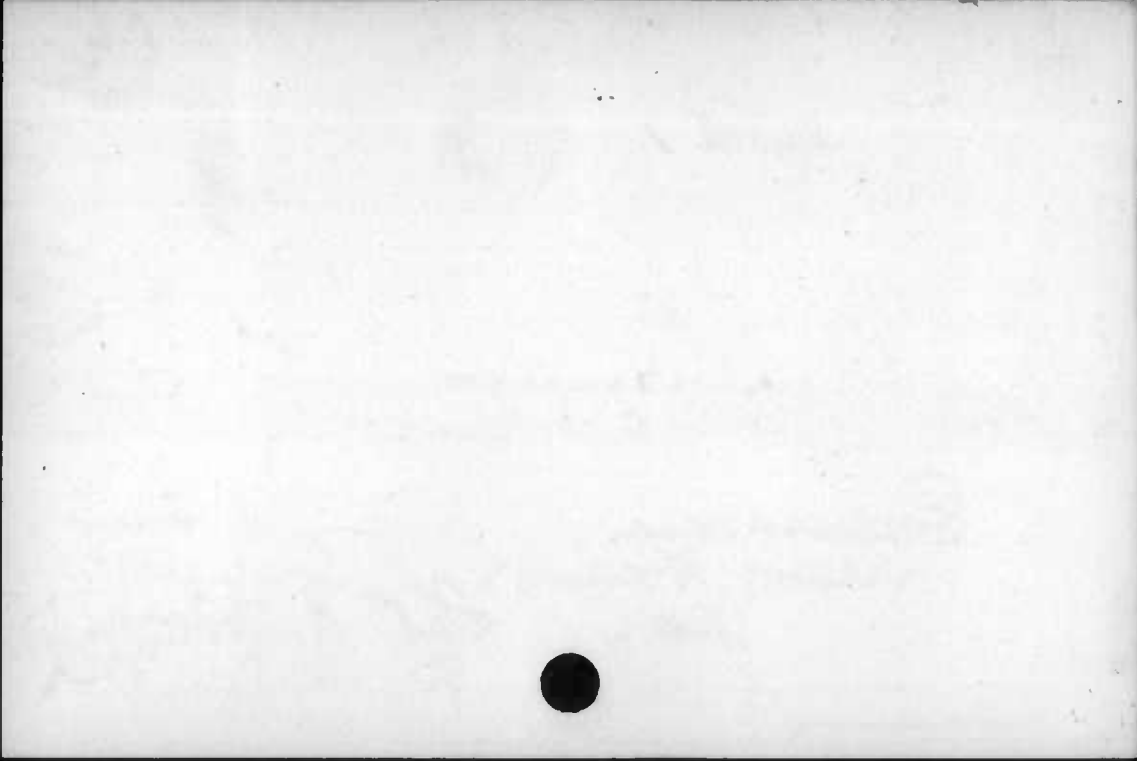
Immediate

Are the name, age, sex, color, date
and place correctly given above?yesSignature of
Physician

Address

Thos. B. Horton M.D.
So. Batts - Md

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

John Karwogurk.

Died at *So. Baltimore* *4* County *4*

MARYLAND

Date of death *1909* *April* *8* Age *2* Years *10* Months *10* Days *1*Sex *Male* Color or Race *white* Birth-place *Md.*Occupation *—* Where Residing if not at place of death *—*Married, Single or Widowed *—* Name of Wife or Husband *—*Father's Name *Stephen Karwogurk* Father's Birthplace *Russia*Mother's Maiden Name *Christina Horvath* Mother's Birthplace *Austria*Name of person giving information *Stephen Karwogurk* How related to deceased *Father*

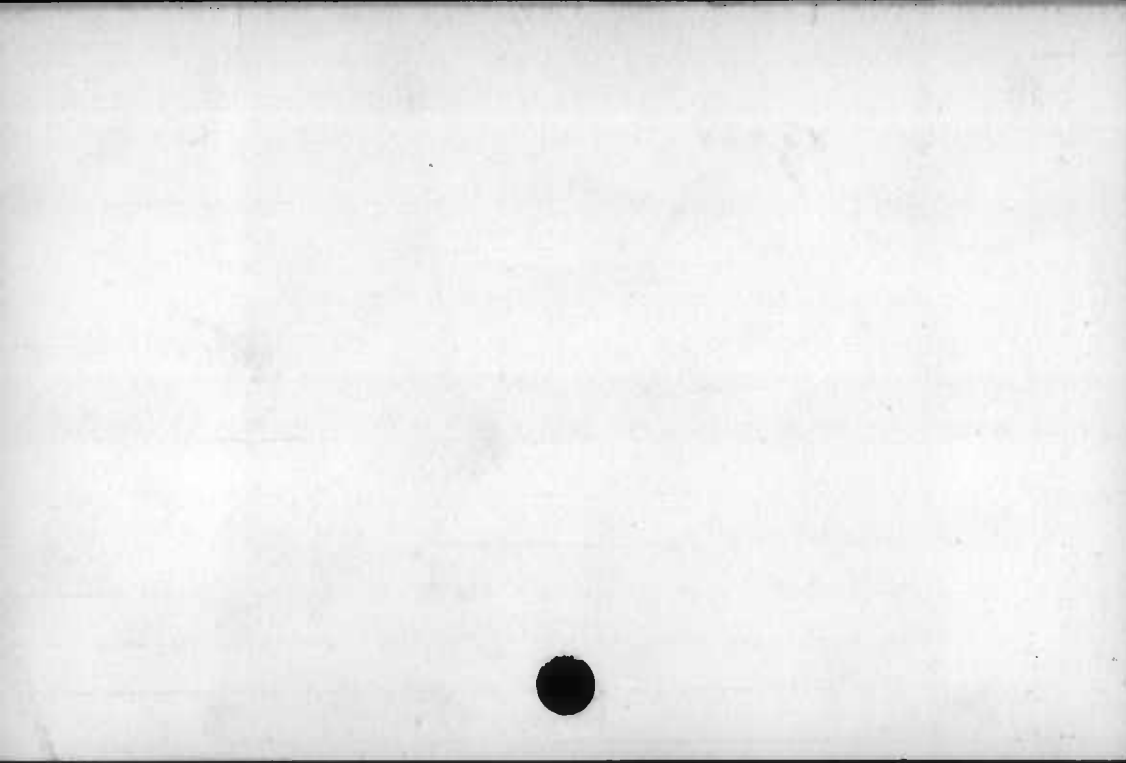
CAUSES OF DEATH

Primary *Pneumonia* How long *8 days*Immediate *Heart Failure* How long *Immediate*Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

Dr. B. Horton MD
*So. Baltimore, Md.*PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Frederick W. Kipper

Town

County

MARYLAND

Died at Annapolis A. A. Co.

Date of death 1909 April 1 Age 59 Months 2 Days 20

Sex male Color or Race white Birth-place Germany

Occupation Merchant Tailor Where Residing if not at place of death 196 Prince Geo. St.

Married, Single or Widowed married Name of Wife or Husband Friedricka W. Kipper

Father's Name Frederick W. Kipper Father's Birthplace Germany

Mother's Maiden Name Louisa Hoester Mother's Birthplace Germany

Name of person giving information Friedricka W. Kipper How related to deceased wife

CAUSES OF DEATH

120

Primary Arterio Sclerosis Chronic Nephritis How long About 15 m +

Immediate Cardiac Asthenia (Excitation) How long Two weeks

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

J. Oliver Purvis
Annapolis
Maryland

Accident or Suicide

No

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

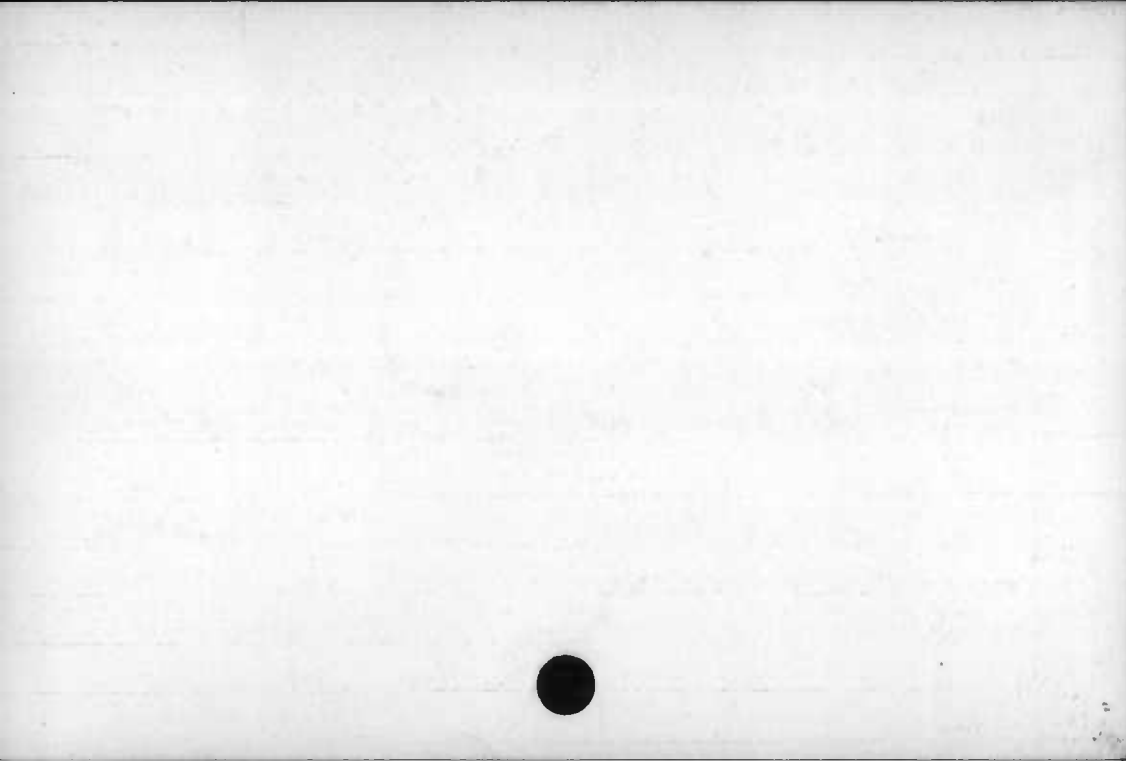
For Burial at

Camden

N. J.



Name in Full		Raymond T. Kowalewski				CERTIFICATE OF DEATH							
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County	MARYLAND							
		50. Batts -											
		Date of death	1909	Month	Apr	Day	19	Age	Years	3	Months	14	Days
		Sex	male	Color or Race	White	Birth-place	50. Batts, Md						
		Occupation		Where Residing if not at place of death									
		Married, Single or Widowed		Name of Wife or Husband									
		Father's Name		Stephan Kowalewski		Father's Birthplace		Germany					
		Mother's Maiden Name		Josephine Cywinski		Mother's Birthplace		Russia					
		Name of person giving information		Stephan Kowalewski		How related to deceased		Father					
		CAUSES OF DEATH						104					
PHYSICIAN OR CORONER		Primary		Indigestion		How long		unknown					
		Immediate		Convulsions		How long		4 hours					
		Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		Thos. B. Forten					
						Address		50. Batts, Md					
		Resident or Suicide?											



Name
in
Full

Hohanna Schubik

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

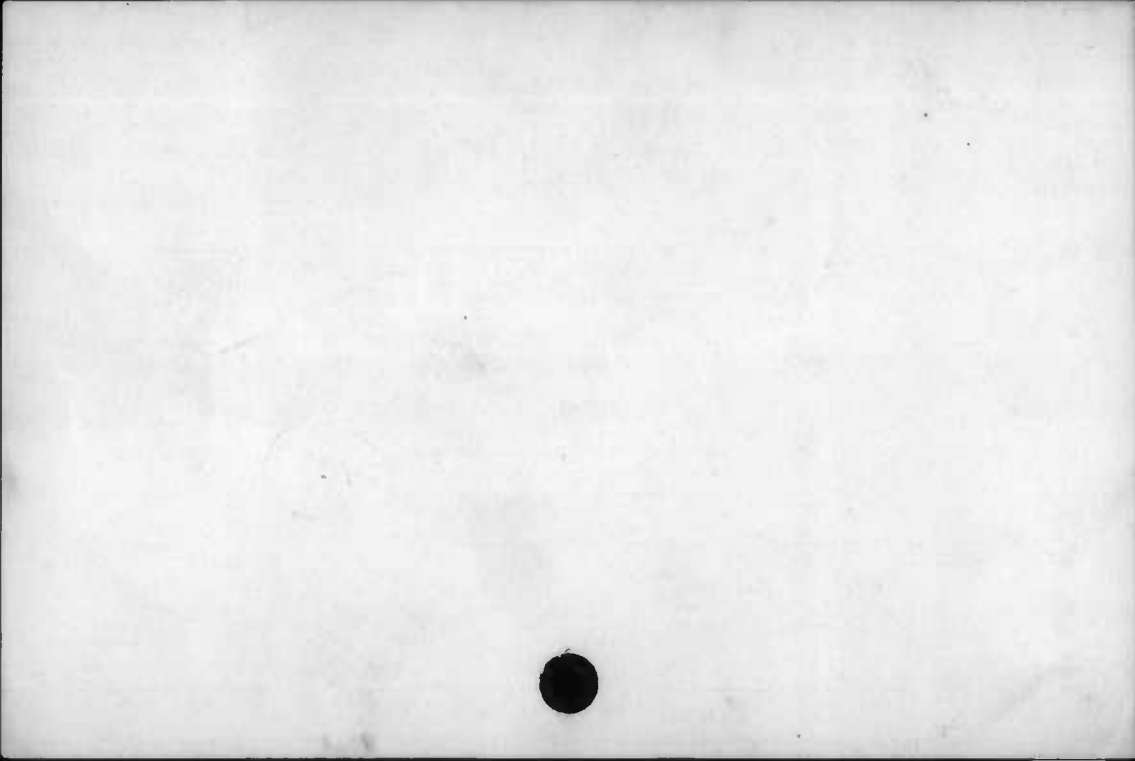
Died at <i>Curtis Bay</i> Town <i>Ann Arundel Co</i> County <i>MARYLAND</i>	
Date of death <i>1909</i> Month <i>April</i> Day <i>5</i> Age <i>69</i> Years Months Days	
Sex <i>Female</i> Color or Race <i>White</i> Birth-place <i>Polesnia (Austria)</i>	
Occupation <i>Housewife</i> Where Residing if not at place of death <i>at place of death</i>	
Married, Single or Widowed <i>Widow</i> Name of Wife or Husband	
Father's Name <i>Frank P Langzik</i> Father's Birthplace <i>Polesnia</i>	
Mother's Maiden Name <i>not ascertained</i> Mother's Birthplace <i>Polesnia</i>	
Name of person giving information <i>Engelbert P. Heik</i> How related to deceased <i>Son in law</i>	

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Brighter disease</i>	How long <i>5 months</i>
Immediate <i>Dropsy</i>	How long <i>4 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>R. O. Wernick M.D.</i>
	Address <i>116 S Broadway</i>
Accident or Suicide?	<i>Bar: no</i>



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND						
Date of death		190	90	Month	April	Day	10	Age	68	Years	Months	Days
Sex		Male		Color or Race		White		Birthplace		Mary		
Occupation		Carpenter		Where Residing if not at place of death		Mary						
Married, Single or Widowed		Widowed		Name of Wife or Husband		Mary Jackson						
Father's Name		Joseph Lee		Father's Birthplace		Maryland						
Mother's Maiden Name		Unknown		Mother's Birthplace		Maryland						
Name of person giving Information		Fletcher Lee		How related to deceased		Nephew						

CAUSES OF DEATH

68

PHYSICIAN
OR CORONER

Primary	Dementia	How long	3 years
Immediate	Exhaustion	How long	4 months
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		John Callison	
		Address	
		South River	
		Md.	
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Michael Lesner
Town *Governors Farm* County *A. C.*

MARYLAND

Died at *Governors Farm* Date of death 1909 *Apr* 20 Age 67 Months 4 Days *→*

Sex *Male* Color or Race *White* Birth-place *Germany*

Occupation *Master laborer* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Mary B. Lesner*

Father's Name *Simon Lesner* Father's Birthplace *Germany*

Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*

Name of person giving Information *Mary L. Lesner* How related to deceased *Daughter*

CAUSES OF DEATH

120

Primary *Chronic Nephritis* How long *Probably many years*
Immediate *Oedema of lungs (Passive hyperemia)* How long *Several hours*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Yes -



*Delecarfenter
Sungam Wbr.*

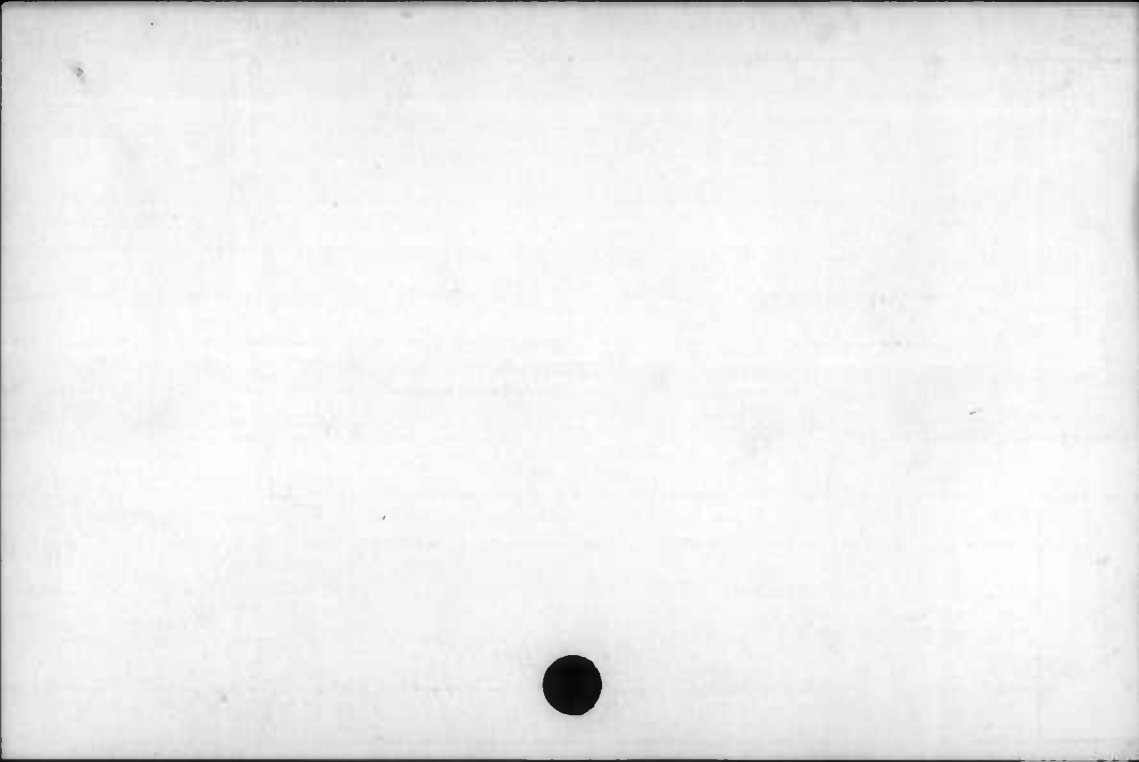
Accident or Suicide *—*

PHYSICIAN
OR CORONER





Name in Full		Town				County		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at 5 Wld. mar blumwin				Ann Arundel		MARYLAND	
		Date of death 1909		Month April	Day 29	Age —		Months —	Days 7
		Sex female		Color or Race white		Birth-place Maryland.			
		Occupation —				Where Residing if not at place of death —			
		Married, Single or Widowed —		Name of Wife or Husband —					
✓		Father's Name Frank Long				Father's Birthplace A.A.Co. Ind.			
		Mother's Maiden Name Clara Morris				Mother's Birthplace Ballin Ind.			
		Name of person giving information Frank Long				How related to deceased father			
		CAUSES OF DEATH				72			
PHYSICIAN OR CORONER 1		Primary Infantile Hemat.				How long 13 hours.			
		Immediate Convulsion				How long . . .			
		Are the name, age, sex, color, date and place correctly given above? Yes				Signature of Physician Robt. P. G. Schieler M.D.			
						Address 1218 p. Charles st. Baltimore Ind			
		Accident or Suicide? —							



Name
in
Full

Ann Priscilla Martin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town

Annapolis

County

Anne Arundel

MARYLAND

Died at

Date

of death

1909 April

Month

Day

6

Age

Year

63

Months

8

Days

12

Sex

Female

Color or
Race

White

Birth-
place

Annapolis Md

Occupation

Housewife

Where Residing if not
at place of death

Married, Single

or Widowed

Name of Wife or

Husband

C W Martin

Father's
Name

Jas. Branzell

Father's
Birthplace

Ireland

Mother's
Maiden Name

Margaret Branzell

Mother's
Birthplace

Washington D.C.

Name of person giving
Information

Jno. W. Martin

How related
to deceased

Son

CAUSES OF DEATH

Primary

Bright's disease Kidneys

How long

How long

Immediate

Acute poisoning

Three days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
PhysicianGeo. Wells
Annapolis
Md.

Address

Accident or Suicide

No

IF PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Wesley Hodock

Town

County

Died at County Home

Anne Arundel

MARYLAND

Date of death 1909 April 24

Age 70

Months

Days

Sex Male

Color or
Race

Colored

Birth-
place

Anne Arundel Co.

Occupation

Farmer

Where Residing if not
at place of deathMarried, Single
or Widowed

Widower

Name of Wife or
Husband

Unknown

Father's
Name

Unknown

Father's
Birthplace

Unknown

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Unknown

Name of person giving
Information

Owing Lewis

How related
to deceased

No relation

CAUSES OF DEATH

177

Primary

Dropsy

How long

Don't know

Immediate

Heart failure

How long

Are the name, age, sex, color, data
and place correctly given above?

yes

Signature of
Physician

John Collinson

Address

South River

Md.

Accident or Suicide

PHYSICIAN
OR CORONER

1



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Annapolis

Town

County

A. A. County

MARYLAND

Date

of death

1909

Month

April

Day

30

Years

Age 69

Months

Three

Days

Sex

Female

Color or
Race

White

Birth-
place

Et. Thomas, Canada

Occupation

Unknown

Where Residing if not
at place of deathMarried, Single
or Widowed

Widow

Name of Wife or
Husband

Nelson Nelles

Fethar's
Name

John Alexander

Father's
Birthplace

Ireland

Mother's
Maiden Name

Jane Montgomery

Mother's
Birthplace

Scotland

Name of person giving
Information

Margaret Nelles Gates

How related
to deceased

Daughter

CAUSES OF DEATH

120

Primary

Chronic Bright's disease

How long

About 5 years.

Immediate

Uraemia poisoning

How long

several weeks.

Are the name, age, sex, color, date
and place correctly given above?

yes.

Signature of
Physician

E. E. Blackwell. M.D.

Address

U.S. Naval Academy
Annapolis. Md.

Accident or Suicide

—

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

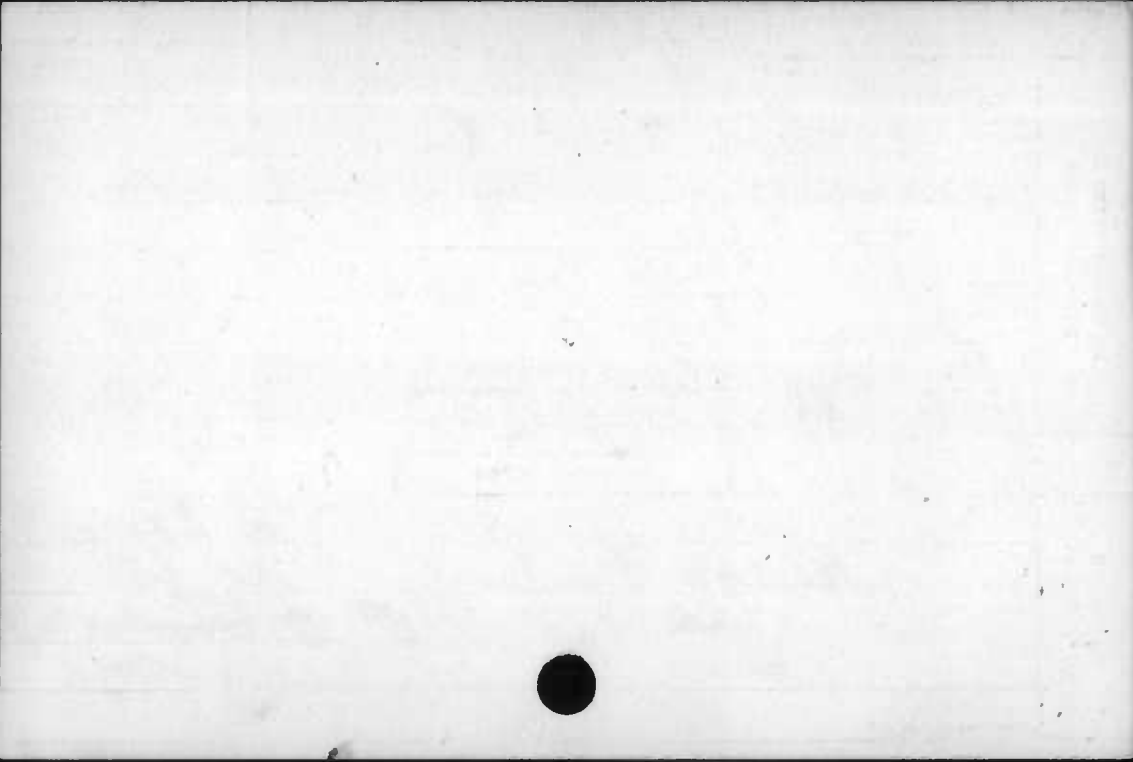
Name <i>Anna Nelson</i>		Town <i>New London</i>		County <i>D.C.</i>		State <i>MARYLAND</i>	
Died at <i>Home</i>		Month <i>April</i>		Day <i>18</i>		Years <i>64</i>	
Date of death <i>1909</i>		Months <i>4</i>		Days <i>12</i>			
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Sweden</i>					
Occupation <i>Housewife</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Bengt A. Nelson</i>						
Father's Name <i>Olaf Erikson</i>	Father's Birthplace <i>Sweden</i>						
Mother's Maiden Name <i>Maria Bengtson</i>	Mother's Birthplace <i>Sweden</i>						
Name of person giving information <i>Bengt A. Nelson</i>	How related to deceased <i>Husband</i>						

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary Cause <i>Cardiac Hypertrophy</i>	How long <i>3 mo.</i>
Immediate Cause <i>Voluntary Intoxication</i>	How long <i>10 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. R. Smith</i>
	Address <i>Laurel Md</i>
Accident or Suicide?	



Name
in
Full

Nelen Novakowski

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

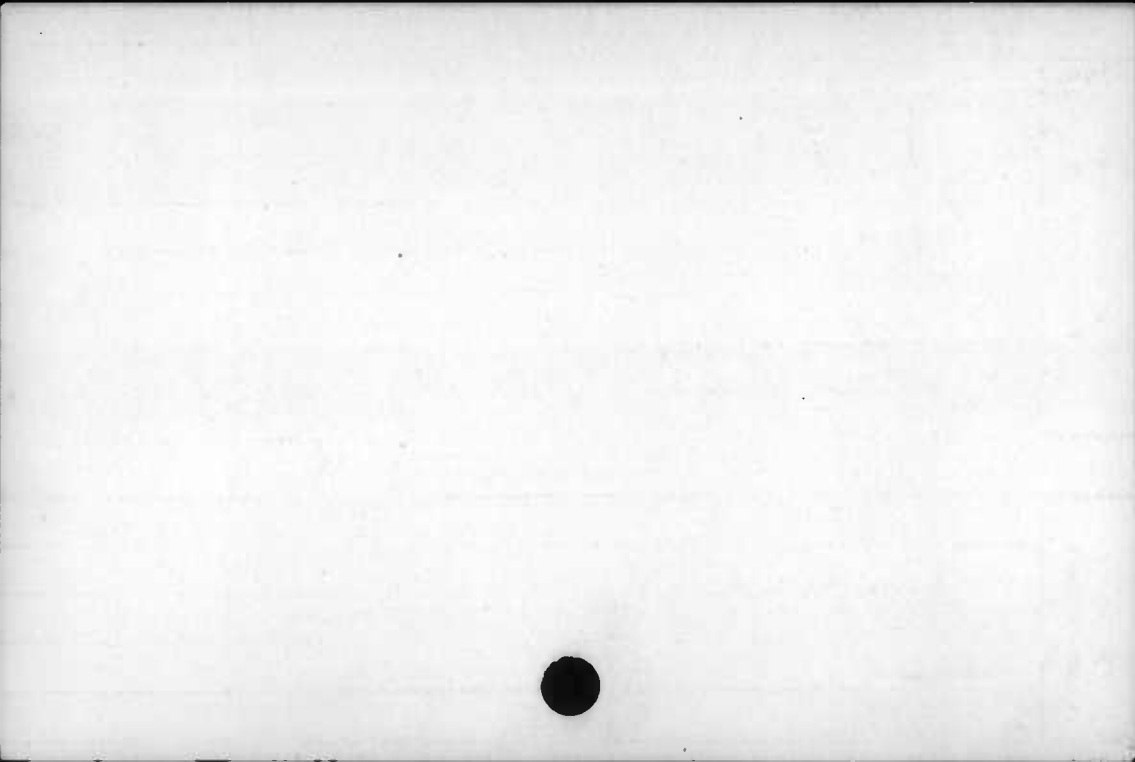
Died at <u>East Brooklyn</u> ^{Town}		<u>da</u> ^{County}		MARYLAND	
Date of death <u>1909</u>	<u>Apr</u> ^{Month}	<u>24</u> ^{Day}	Age <u> </u> ^{Years}	<u>3</u> ^{Months}	<u> </u> ^{Days}
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>East Brooklyn</u>		
Occupation <u> </u>			Where Residing if not at place of death <u> </u>		
Married, Single or Widowed <u> </u>			Name of Wife or Husband <u> </u>		
Father's Name <u>Joseph Novakowski</u>			Father's Birthplace <u>Poland</u>		
Mother's Maiden Name <u>Amanda Molavici</u>			Mother's Birthplace <u>Germany</u>		
Name of person giving information <u>Joe. Novakowski</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

95

PHYSICIAN
OR CORONER

Primary <u>Congestion Lungs</u>	How long <u>2 days</u>
Immediate <u>Heart Failure</u>	How long <u>at once</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Thos. B. Horton M.D.</u>
	Address <u>So. Batts - Md</u>
<u>Accident or Suicide?</u>	



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1909		April	25	Age 69			
Sex	Female	Color or Race	White		Birth-place	Ireland	
Occupation	Housewife		Where Residing if not at place of death				
Married, Single or Widowed	Widowed		Name of Wife or Husband	Thomas O'Brian			
Father's Name	Don Buckle			Father's Birthplace	Ireland		
Mother's Maiden Name	Katharine O'Brian			Mother's Birthplace	Ireland		
Name of person giving Information	Katharine M. Henry			How related to deceased	Niece		

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	Nephritis	How long	Unknown
Immediate	Uremic Coma	How long	8 hours
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Walton H. Hopkins M.D.
		Address	Annapolis Md
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mary Elizabeth Richardson</i>		Town <i>Best Gate</i>		County <i>A--A--</i>		State <i>MARYLAND</i>	
Died at <i>Best Gate</i>		Date of death <i>1909 April 8</i>		Age <i>43</i>		Months <i>—</i> Days <i>—</i>	
Sex <i>Female</i>		Color or Race <i>Colord</i>		Birth-place <i>Best Gate</i>			
Occupation <i>Domestic</i>		Where Residing if not at place of death <i>Best Gate</i>					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Thomas Richardson</i>					
Father's Name <i>Thomas Harris</i>		Father's Birthplace <i>Best Gate</i>					
Mother's Maiden Name <i>unknown</i>		Mother's Birthplace <i>Best Gate</i>					
Name of person giving Information <i>Mary Harris</i>		How related to deceased <i>Sister-in-Law</i>					

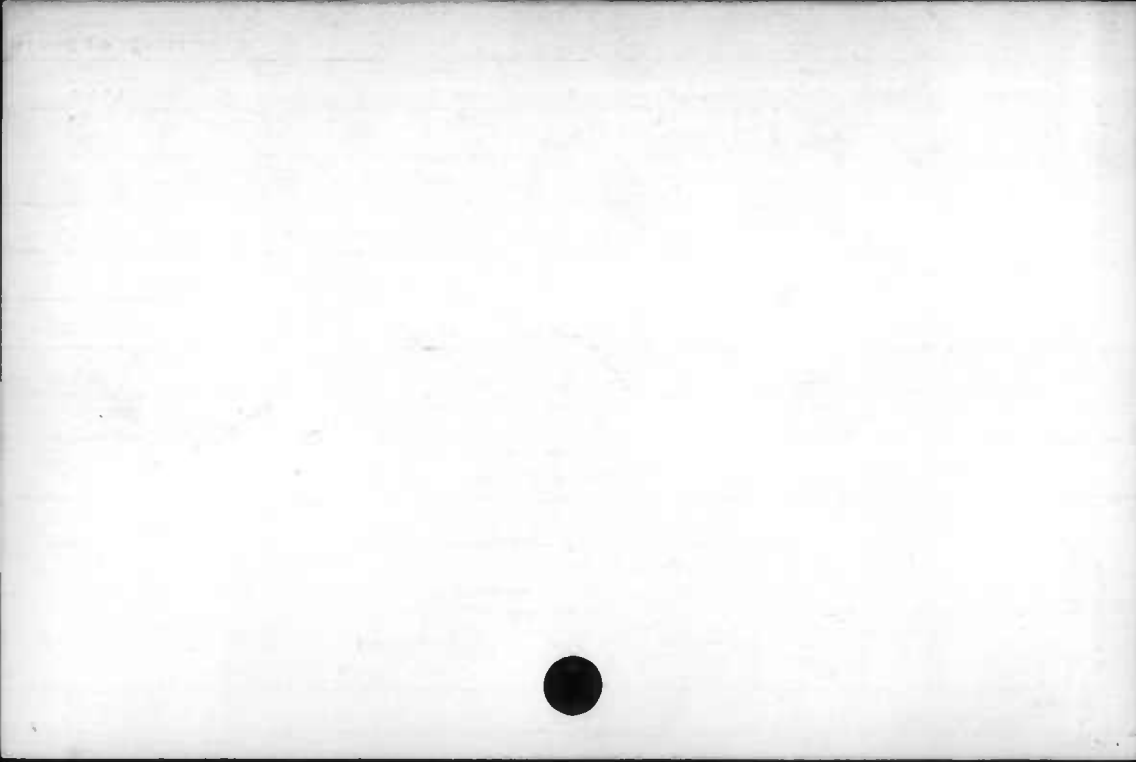
Hawkins Crmt.

CAUSES OF DEATH

42

PHYSICIAN
OR CORNER

Primary	<i>Carcinoma of the uterus</i>	How long	<i>3 months</i>
Immediate	<i>Exhaustion from Debility</i>	How long	<i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>P. D. Keenan</i>	
		Address <i>606 Thecroft St Annapolis</i>	
Accident or Suicide <i>no</i>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

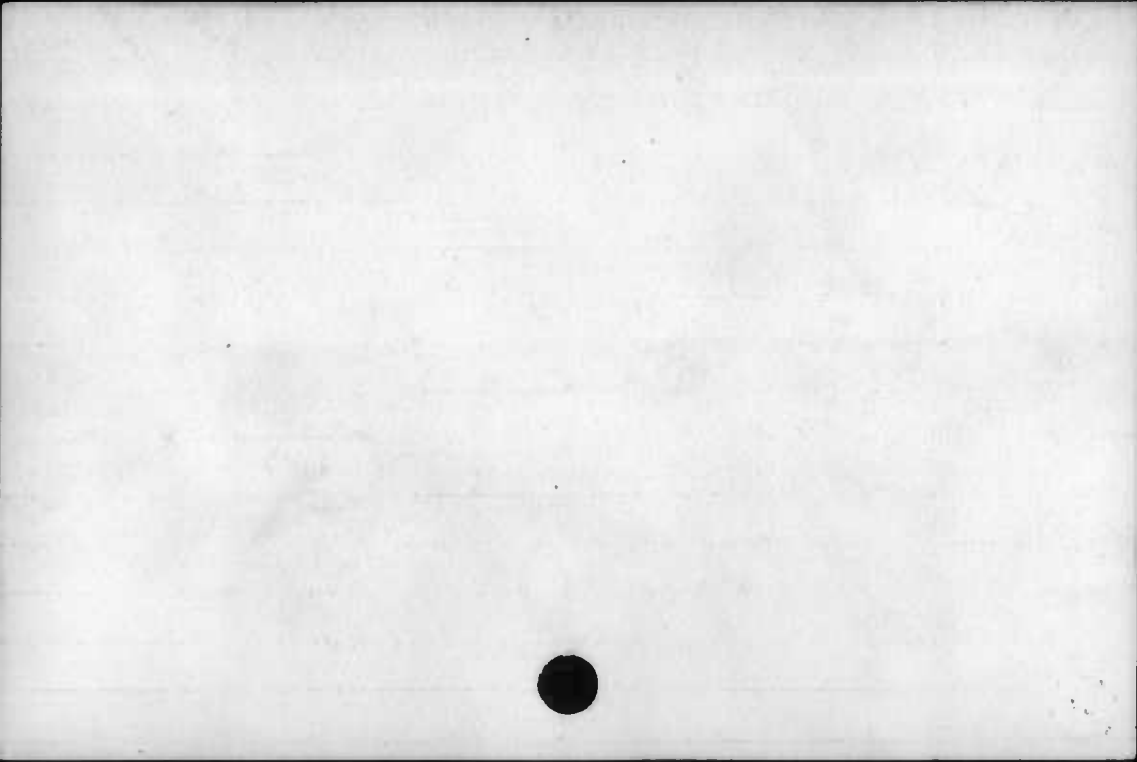
Died at <i>Annapolis</i> Town <i>Annapolis</i> County <i>MARYLAND</i>						
Date of death <i>1909</i>	Month <i>April</i>	Day <i>10</i>	Age <i>3</i>	Years <i>2</i>	Months <i>2</i>	Days <i>2</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place <i>Annapolis</i>				
Occupation		Where Residing if not at place of death <i>110 Market St.</i>				
Married-Single or Widowed <i>Single</i>		Name of Wife or Husband				
Father's Name <i>Thomas Richardson</i>		Father's Birthplace <i>Annapolis</i>				
Mother's Maiden Name <i>Mary B. ...</i>		Mother's Birthplace <i>A.A. Co. Md.</i>				
Name of person giving information <i>Thomas Richardson</i>		How related to deceased <i>father</i>				

CAUSES OF DEATH

(61)

PHYSICIAN
OR CORONER

Primary <i>Menigitis</i>	How long <i>six days</i>
Immediate <i>Convulsions Exhaustion</i>	How long <i>Gradual</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>John Ridout</i>
<i>yes</i>	Address <i>Annapolis Md.</i>
Accident or Suicide?	

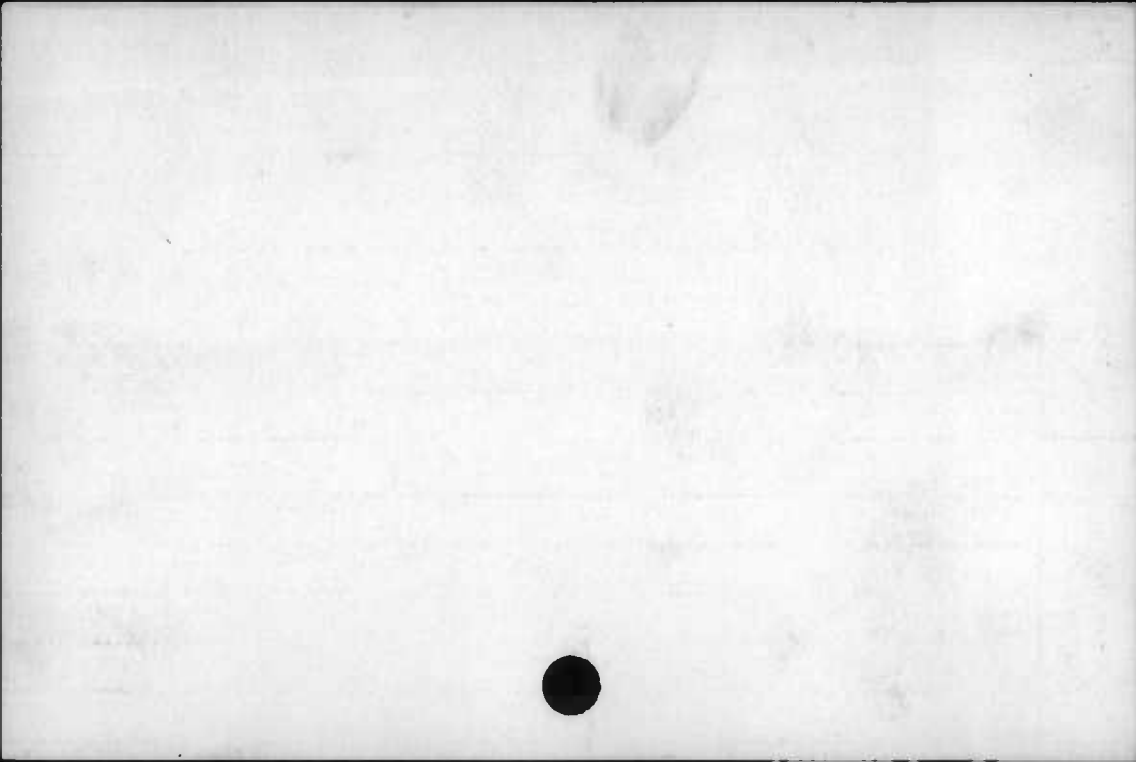


Name in Full Susan W. Ringgold		CERTIFICATE OF DEATH	
Died at Town Brooklyn County aa		MARYLAND	
Date of death Month 6 Day 6 Age 57 Years Months 1 Days 6			
Sex Female Color or Race White Birth-place ma			
Occupation Housewife Where Residing if not at place of death			
Married, Single or Widowed Married Name of Wife or Husband Fred. Ringgold			
Father's Name Francis A. Taylor Father's Birthplace Del.			
Mother's Maiden Name Susan Newman Mother's Birthplace ma			
Name of person giving information Fred Ringgold How related to deceased Husband			
CAUSES OF DEATH			
Primary Cancer of Stomach How long 6 m²			
Immediate Hemorrhage How long 2 days			
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Chas. S. Brooks	
		Address Brooklyn	
Accident or Suicide?			

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

1



Name
in Full

Hedk. William Schwarzkrock

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

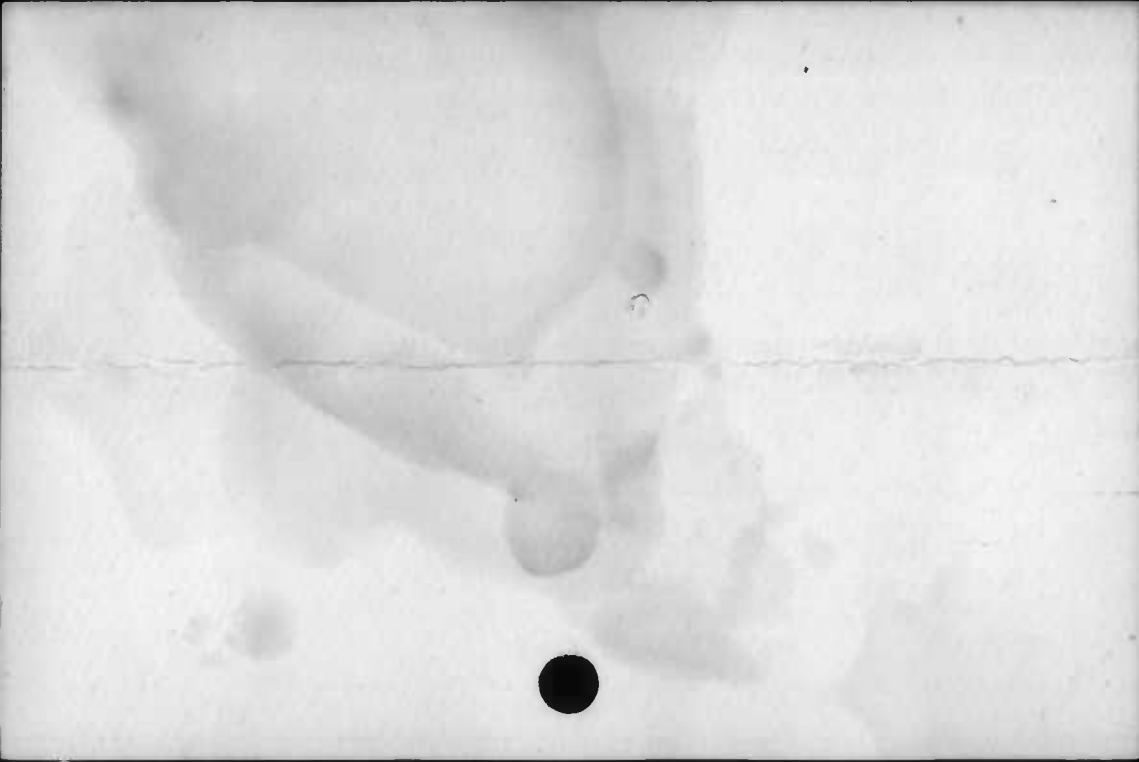
Died at <i>Patuxent</i> Twn		County <i>Anne Arundel</i>		MARYLAND	
Date of death	1909	Month	4	Day	24
Age	57	Years		Months	
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birthplace	<i>Germany. Koenigsberg</i>
Occupation	<i>Carpenter</i>	Where Residing if not at place of death		<i>Patuxent</i>	
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband		<i>Alma Schwarzkrock</i>	
Father's Name	<i>George Schwarzkrock</i>			Father's Birthplace	<i>Not Known</i>
Mother's Maiden Name	<i>Not Known</i>			Mother's Birthplace	<i>Not Known</i>
Name of person giving information	<i>Alma Schwarzkrock</i>			How related to deceased	<i>Wife</i>

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Consumption</i>		How long	<i>Six months</i>
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician <i>Lester L. Disney, Jr.</i>	
			Address <i>Odenton A. A. O. Co</i>	
			<i>Maryland</i>	
Accident or Suicide? <input checked="" type="checkbox"/>				



Name
in
Full

Elizabeth Schelegski

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Burton Bay Town aa County aa **MARYLAND**

Date of death 190 9 Month 4 Day 3 Age 1 Years Months 8 Days

Sex Female Color or Race White Birth-place Ind

Occupation — Where Residing if not at place of death —

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name Frank J. Schelegski

Father's Birthplace Pa

Mother's Maiden Name Annie Fungbach

Mother's Birthplace Ind

Name of person giving information Steve Schelegski

How related to deceased Uncle

CAUSES OF DEATH

93

Primary Pneumonia

How long 5 days

Immediate Heart Failure

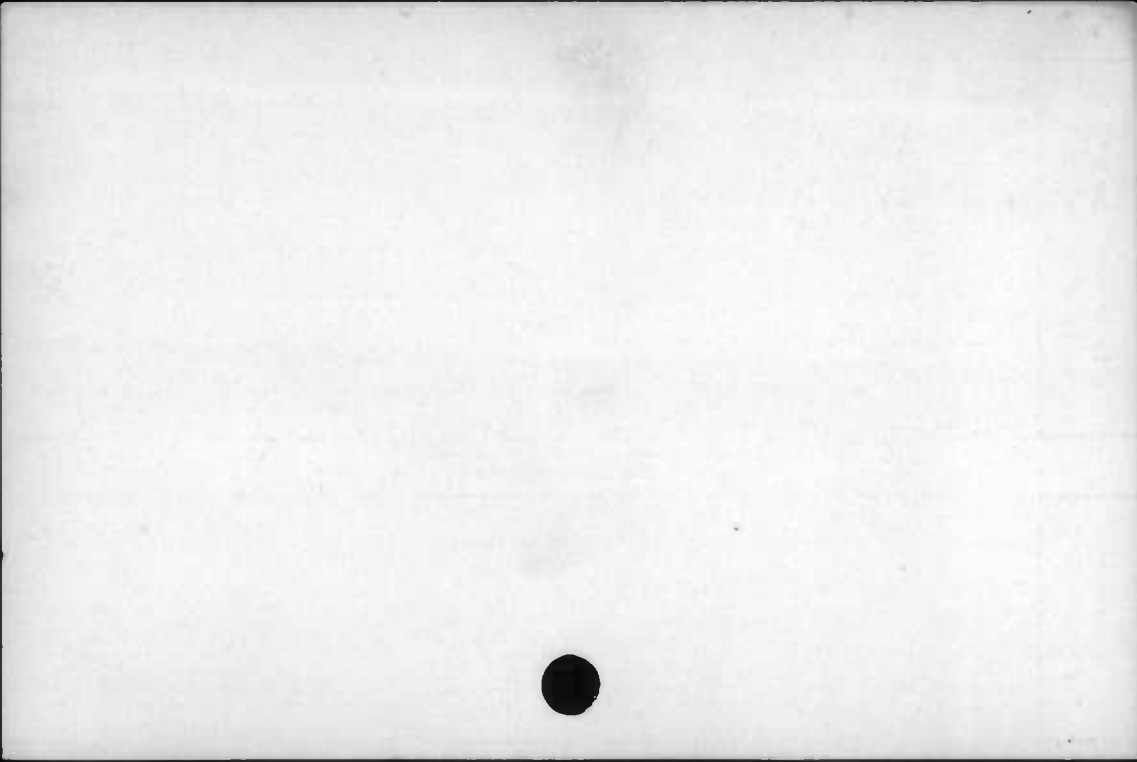
How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Charles F. Brooke

Address Brooklyn - Ind

Accident or Suicide? —



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Name *Hester A Seward* County *Anne Arundel*

Town *East-Port* MARYLAND

Died at *East-Port*

Date of death 1909 *Apr* Month *26* Day Age *5-9* Years Months Days

Sex *Female* Color or Race *White* Birth-place *Dorchester Co. Md*

Occupation *Unknown* Where Residing if not at place of death

Married, Single or Widowed *Widow* Name of Wife or Husband *Henry Seward*

Father's Name *Samuel Thomas* Father's Birthplace *Dorchester Co. Md*

Mother's Maiden Name *Sarah Thomas* Mother's Birthplace " " "

Name of person giving Information *Ida Williams* How related to deceased *Daughter*

CAUSES OF DEATH

93

Primary *Lobar Pneumonia* How long *One week*

Immediate " " How long " "

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *J. Oliver Lewis* Address *Annapolis Md*

Accident or Suicide *yes*

Dr. Purvis

Name
in
Full

infant *Shanehouse*

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

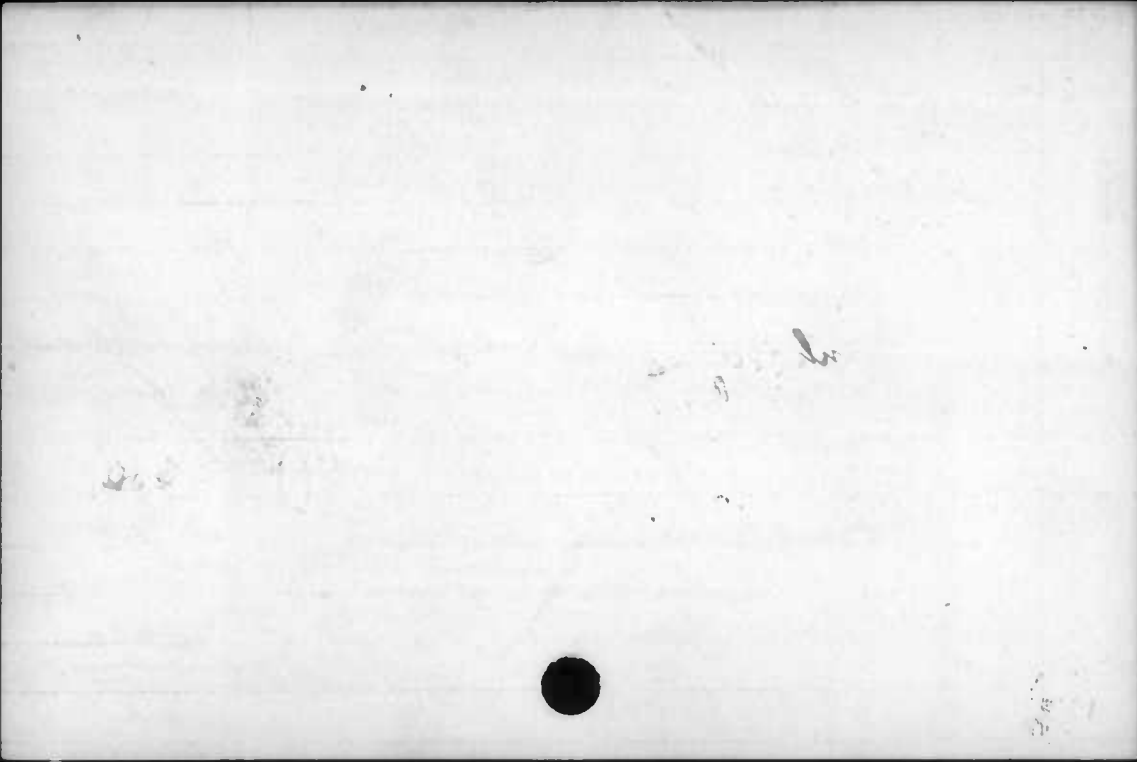
Died at <i>Brooklyn</i> ^{Town}		<i>A A</i> ^{County}		MARYLAND	
Date of death <i>1909 April</i> ^{Month}		<i>7</i> ^{Day}	Age <i>—</i> ^{Years}	Months <i>—</i>	Days <i>7</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Brooklyn</i>		
Occupation <i>—</i>		Where Residing if not at place of death <i>Brooklyn</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Nelson W. Shanehouse</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Ida Steward</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>Ida Shanehouse</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

71

PHYSICIAN
OR CORONER

Primary	<i>—</i>	How long
Immediate	<i>Convulsion</i>	How long
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician <i>John C. Blue Jr</i>
		Address <i>Brooklyn</i>
		<i>A A C Md</i>
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Alzenia Shaw.

Town *Annapolis* County *Prince George's* MARYLAND

Died at *Annapolis* *Prince George's*

Date of death *1909* Month *Apr.* Day *4* Age *2* Years Months Days

Sex *Female* Color or Race *Colored* Birth-place *Annapolis, Md.*

Occupation *not any* Where Residing if not at place of death

Married, Single or Widowed *single* Name of Wife or Husband *not any*

Father's Name *John L. Shaw* Father's Birthplace *West River, Md.*

Mother's Maiden Name *Ella Scott* Mother's Birthplace *Charles Co. Md.*

Name of person giving Information *John L. Shaw* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Constitutional debility* How long *2 days*

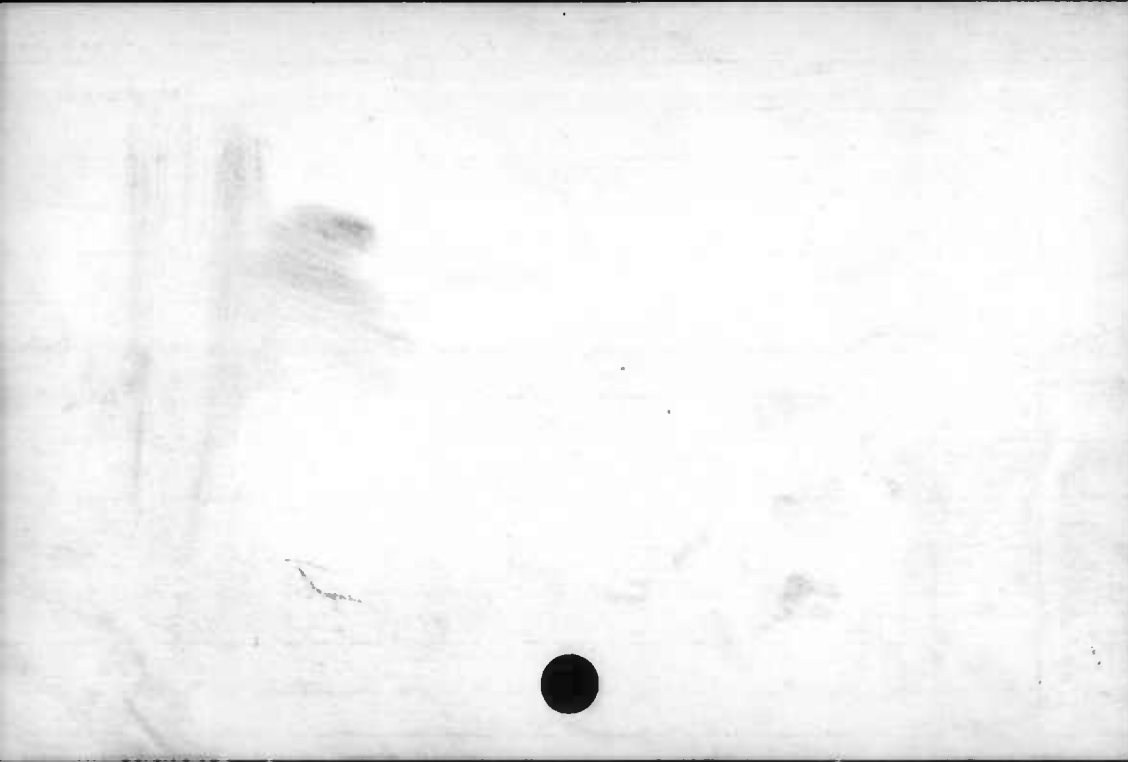
Immediate *Exhaustion* How long *3 hours*

Are the name, age, sex, color, data and place correctly given above? *yes*

Signature of Physician *R. D. Peck*

Address *60 Cathedral St.
Annapolis, Md.*

Accident or Suicide *no*



Name
in
Full

Andy Shutzman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

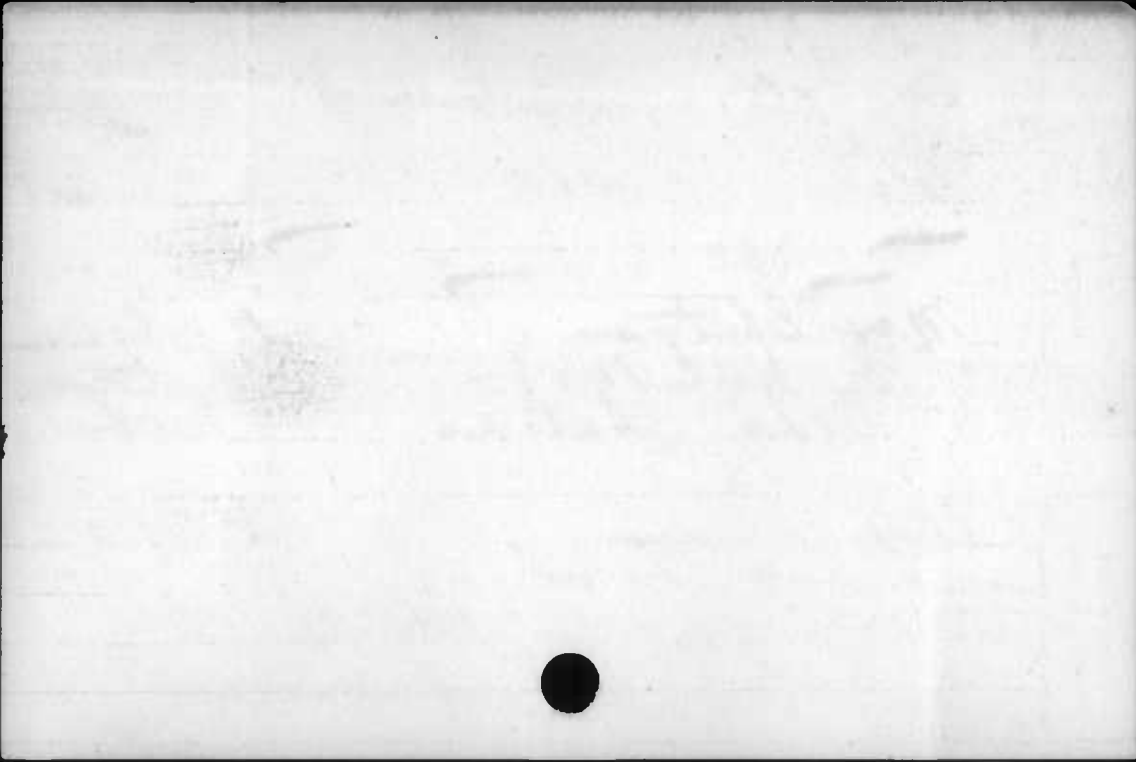
Died at <u>So. Baltimore</u> Town		<u>A. C.</u> Country		MARYLAND	
Date of death <u>1909 Apr</u>	Month <u>14</u>	Day <u>1</u>	Years <u>4</u>	Months <u>4</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>So. Baltimore Md</u>			
Occupation <u>—</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Max Shutzman</u>		Father's Birthplace <u>Austria</u>			
Mother's Maiden Name <u>Eva Yalwerth</u>		Mother's Birthplace <u>Austria</u>			
Name of person giving information <u>Max Shutzman</u>		How related to deceased <u>Father</u>			

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <u>Pneumonia</u>	How long <u>10 days</u>
Immediate <u>Heart Failure</u>	How long <u>at once</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Dr. B. C. Fort</u>
	Address <u>So. Baltimore Md</u>
Accident or Suicide? <u>—</u>	



Name
in
Full

Florence Williams Lindall

CERTIFICATE OF DEATH

MARYLAND

Died at

Waterbury

Town

County

Q - A -

Date

of death

1909

Month

Apr

Day

5

Age

Years

33

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

A. A. Co. Md

Occupation

Housewife

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Archibald Lindall

Father's
Name

B. Thos. Williams

Father's
Birthplace

A. A. Co. Md

Mother's
Maiden Name

Francis E. Bryan

Mother's
Birthplace

A. A. Co. Md

Name of person giving
Information

B. Thos. Williams

How related
to deceased

Father

CAUSES OF DEATH

61

Primary

Meningitis

How long

2 wks -

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes.

Signature of
Physician

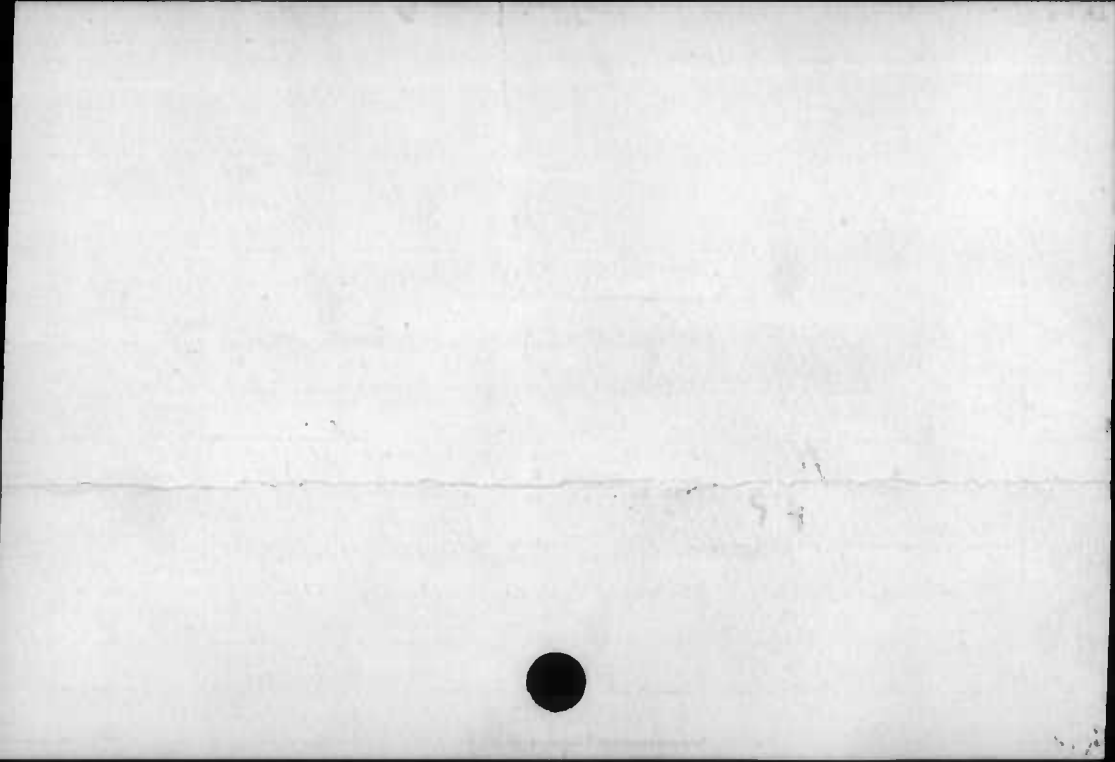
H. B. Gantt

Address

Mellinville

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER
1



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

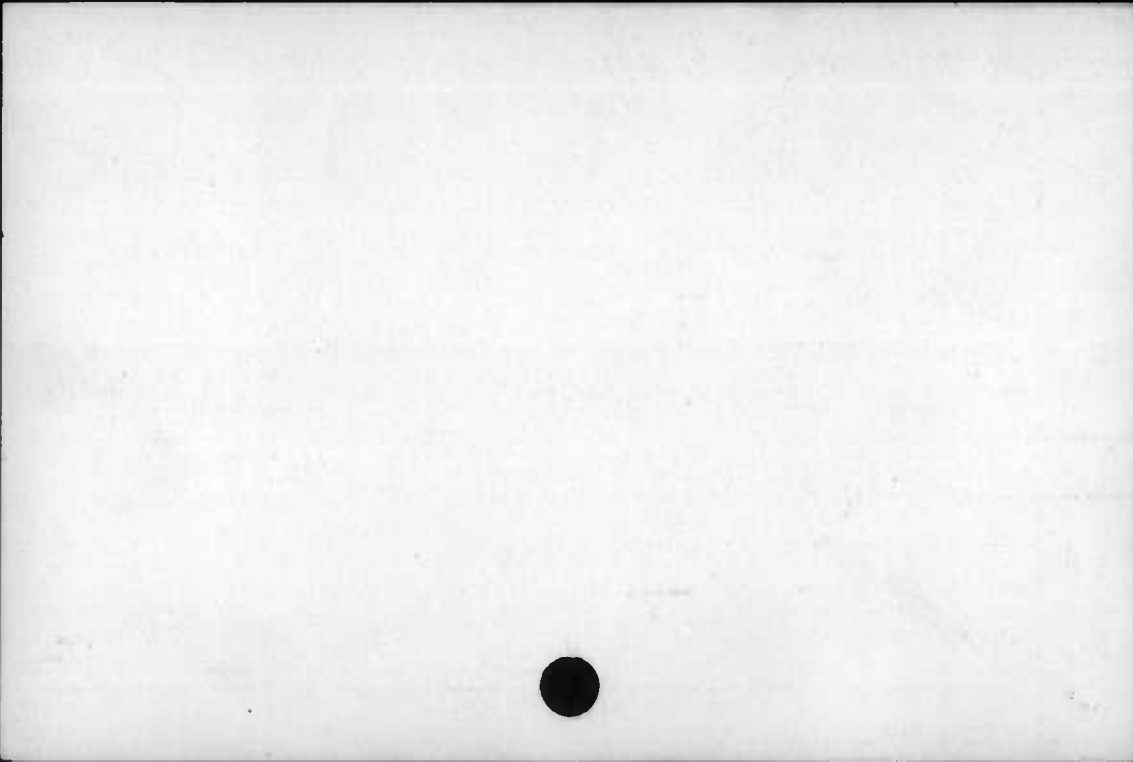
Died at <i>Frederick</i>		Town <i>Frederick</i>		County <i>Anne Arundel</i>	
Date of death	1909	Month	apr.	Day	23
Age		29		Years	29
Sex	male	Color or Race	black	Birth place	Clinton Va.
Occupation	Laborer		Where Residing if not at place of death <i>at Mary's home Creek</i>		
Marrled, Single or Widowed	Single		Name of Wife or Husband		
Father's Name	John Turner		Father's Birthplace <i>Va.</i>		
Mother's Maiden Name	Lynne Jones		Mother's Birthplace <i>Unknown</i>		
Name of person giving information	J. H. Ryerly		How related to deceased <i>not at all</i>		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis</i>		How long	<i>3 mos.</i>
Immediate	<i>Epistaxis</i>		How long	<i>1 day</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>		
Signature of Physician		<i>J. H. Ryerly</i>		
Address		<i>Laurel Md.</i>		
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Mary Ellen Tyler* Town *Annapolis* County *a-a-* MARYLAND

Died at *Annapolis*

Date of death 190 *9* Month *April* Day *10* Age *5 1/4* Years Months *-* Days *-*

Sex *Female* Color or Race *Colord* Birth-place *Easton shore, Md*

Occupation *Domestic* Where Reseiding if not at place of death *19 acbou street*

Married, Single or Widowed *Widow.* Name of Wife or Husbend *Jacob Tyler*

Father's Name *unknown* Father's Birthplace *Easton shore Md*

Mother's Maiden Name *unknown* Mother's Birthplace *unknown*

Name of person giving Information *Kethie Meridith* How related to deceased *Daughter*

Brewerhill Comt.

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

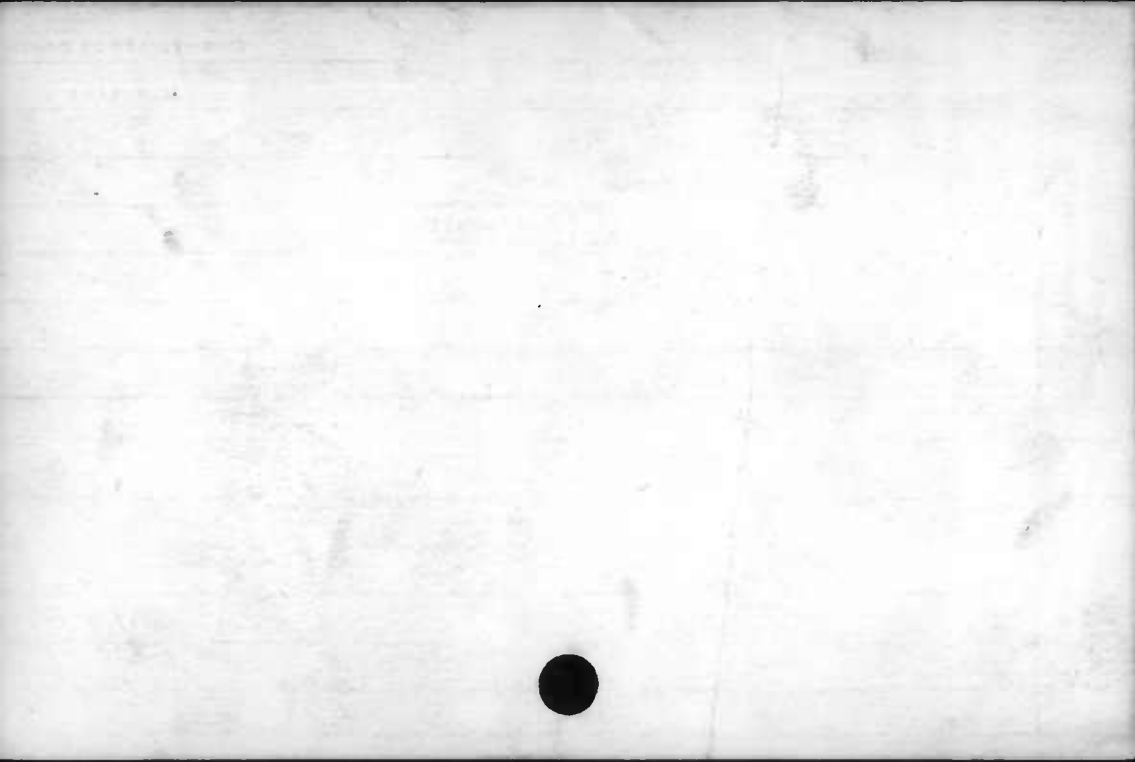
Primery *Heart Disease (valvular)* How long *unknown*

Immediate *Cardiac Failure* How long *-*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *A. P. D. Keetee*

Address *66 Cathedral St*

Accident or Suicide *no.* *Annapolis Md*



Name
in
Full

Agnes E Walter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town Baltimore County 2 2

Died at Baltimore

Date of death 1909 April 2 Age 4 Months 12 Days

Sex Female Color or Race white Birth-place Maryland

Occupation Infant Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Frank Walter Father's Birthplace Maryland

Mother's Maiden Name Ella Mother's Birthplace Maryland

Name of person giving information Joseph Williams How related to deceased

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary Valvular Disease of heart How long 4 1/2 weeks

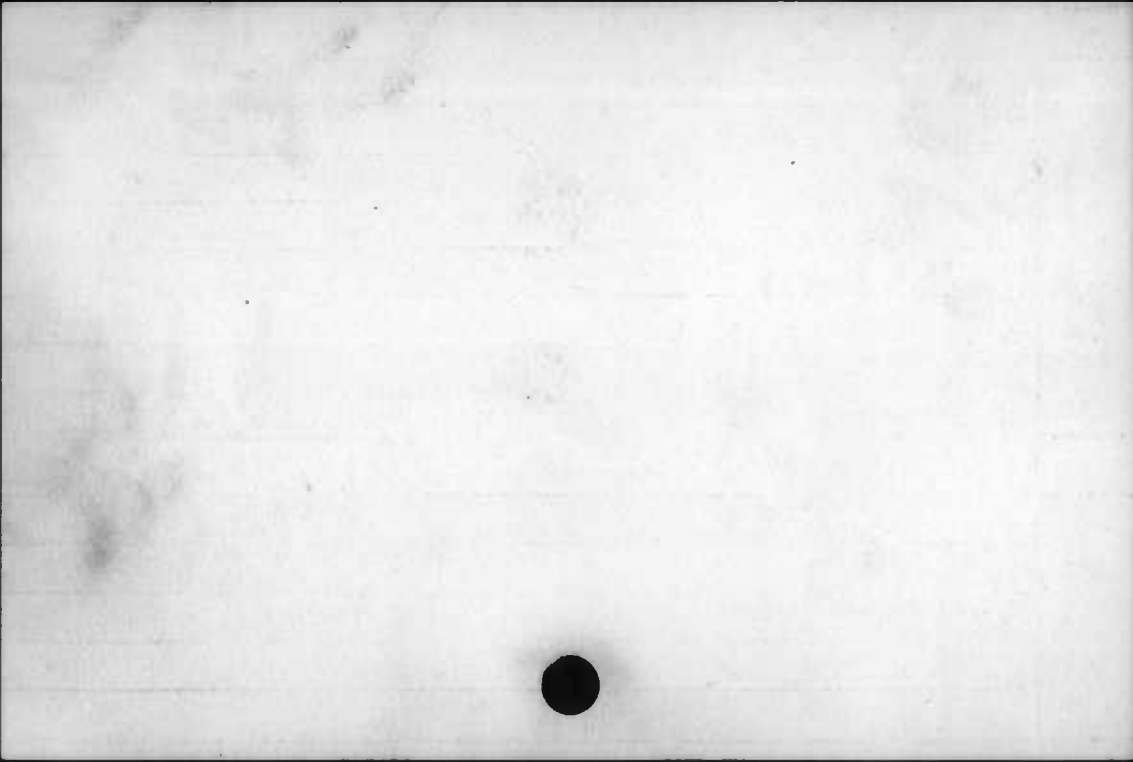
Immediate Cerebral Embolism How long 1 hour

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician J. R. Brown

Address Baltimore Md

Accident or Suicide? No



Name
in
Full

Charles Howard Ward

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Township		County		MARYLAND	
Date of death	1909	Month	April	Day	8	Age	0
Sex		Male		Color or Race		White	
Occupation				Birth-place		Md.	
Where Residing if not at place of death							
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		Herbert Ward		Father's Birthplace		Md.	
Mother's Maiden Name		Gertrude Harrison		Mother's Birthplace		Md.	
Name of person giving Information		Herbert Ward		How related to deceased		Father	

CAUSES OF DEATH

151

Primary	Inanition	How long	25 days
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		A. H. Orrie	
Address		McKendree	
Accident or Suicide		Md.	

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Rebecca White* **Town** *Taylorville* **County** *A. A. Co* **State** *MARYLAND*

Died at *Taylorville* **Month** *Apr* **Day** *28* **Age** *Unknown* **Years** *Unknown* **Months** *Unknown* **Days** *Unknown*

Date of death *1909 Apr 28* **Sex** *Female* **Color or Race** *Colored* **Birth-place** *A. A. Co*

Occupation *Unknown* **Where Residing if not at place of death** *Unknown*

Married, Single or Widowed *Single* **Name of Wife or Husband** *Aaron White*

Father's Name *Unknown* **Father's Birthplace** *Unknown*

Mother's Maiden Name *Unknown* **Mother's Birthplace** *Unknown*

Name of person giving Information *Husband* **How related to deceased** *64*

CAUSES OF DEATH

Primary *Cerebral Hemorrhage* **How long** *Five Days*

Immediate *Unknown* **How long** *Unknown*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

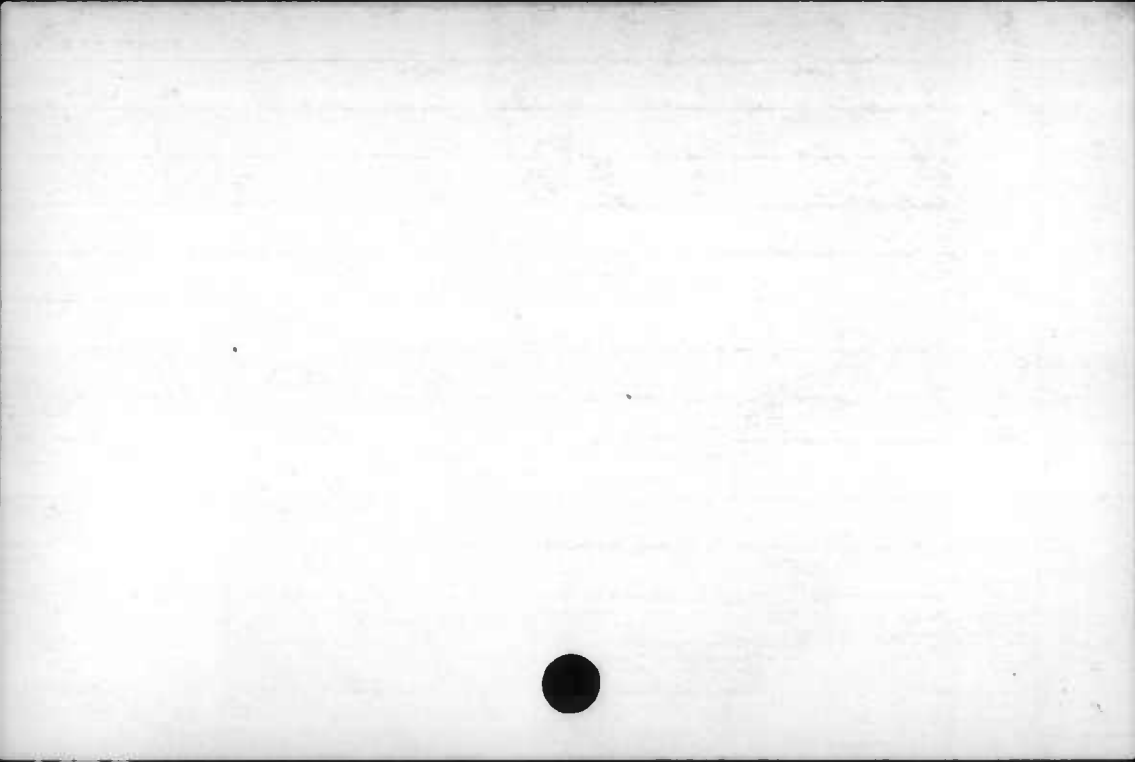
Address

*As correct as possible**Dr. Davidson*
Davidson

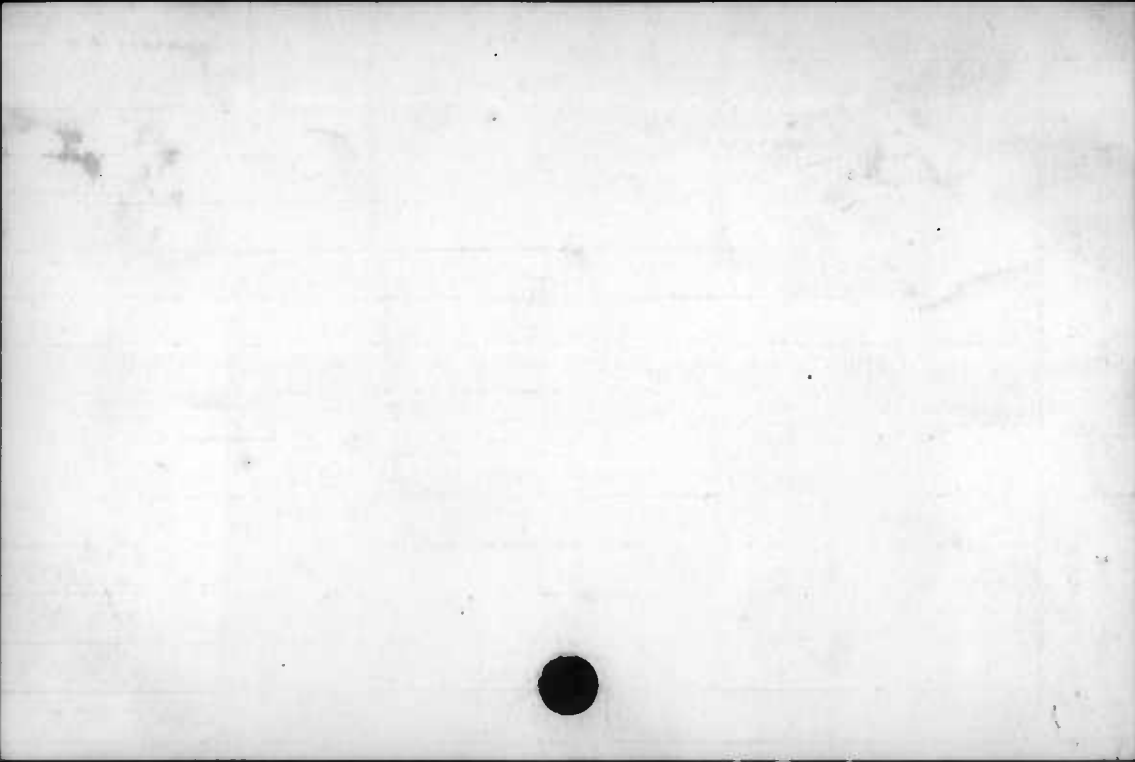
Accident or Suicide

PHYSICIAN
OR CORONER

1



Name in Full		Mary A Whitehead				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town	County		MARYLAND	
	Date of death		Month	Day	Age	Years	Months
	Sex		Color or Race		Birth-place		
	Occupation		Where Residing if not at place of death				
	Married, Single or Widowed		Name of Wife or Husband				
	Father's Name		Father's Birthplace		Mother's Birthplace		
PHYSICIAN OR CORONER	Mother's Maiden Name		Name of person giving information		How related to deceased		
	CAUSES OF DEATH						64
	Primary		Immediate		How long		
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Address		
Accident or Suicide?		No.		J. B. Rycey Laurel Md			



Name
in
Full

CERTIFICATE OF DEATH

Thomuo Williams

Town

County

MARYLAND

Died at

Group.

Ann Arundel Co

Date

Month

Day

Years

Months

Days

of death

90 4 Apr.

22

Age

32

Sex

Male

Color or
Race

Black.

Birth-
place

Unknown

Occupation

Laborer.

Where Residing if not
at place of death

at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Unknown

Father's
Name

Unknown

Father's
Birthplace

Unknown

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Unknown

Name of person giving
In formation

J. H. Rogers

How related
to deceased

not at all

CAUSES OF DEATH

93

Primary

Pneumonia -

How long

1 week.

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

J. H. Rogers
Taubel, Md.

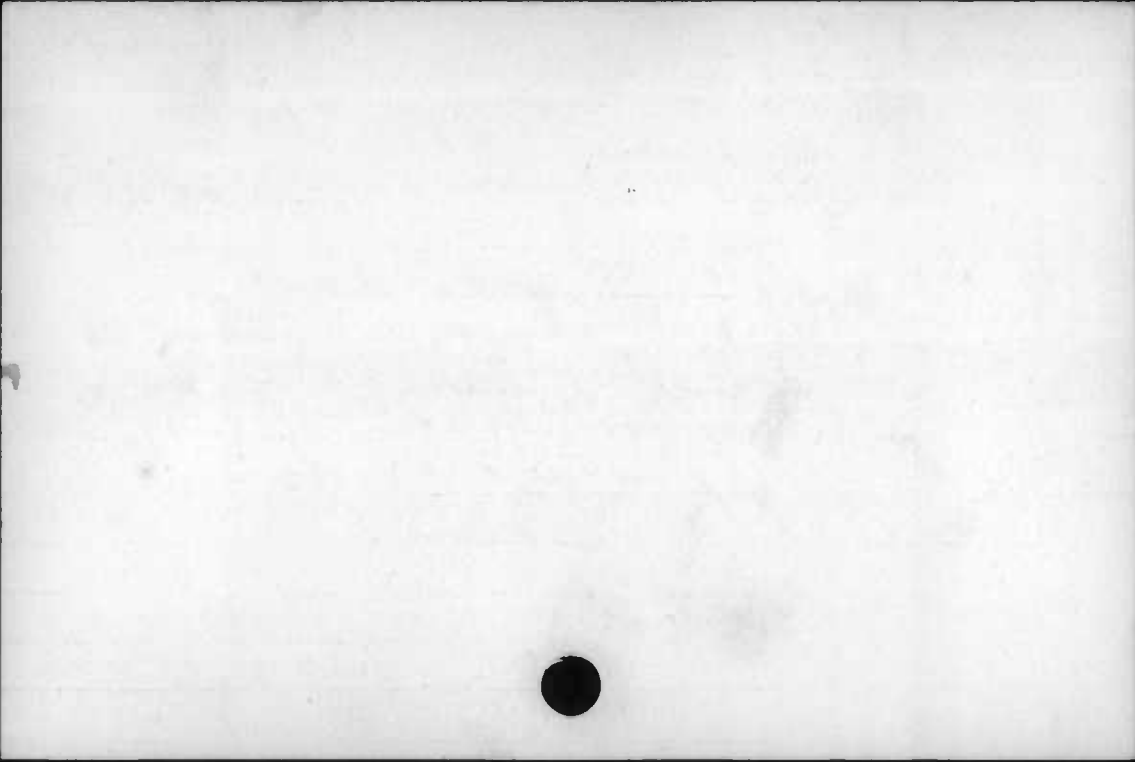
Accident or Suicide?

No

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

1



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Still Born Wilson
3rd, Dist. A. H.

Town

County

MARYLAND

Date

of death 1909

Month

Apr.

Day

16

Years

Age not any

Months

Days

Sex

female

Color or
Race

Colored

Birth-
place

3rd Dist. A. H. C. ind

Occupation

not any

Where Reiding if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
Husband

not any

Father's
Name

Andrew Johnson

Father's
Birthplace

3rd Dist. A. H. C.

Mother's
Maiden Name

Margaret Wilson

Mother's
Birthplace

3rd Dist. A. H. C.

Name of person giving
Information

William Henry Wilson

How related
to deceased

brother Father

CAUSES OF DEATH

Primary

Still Born

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

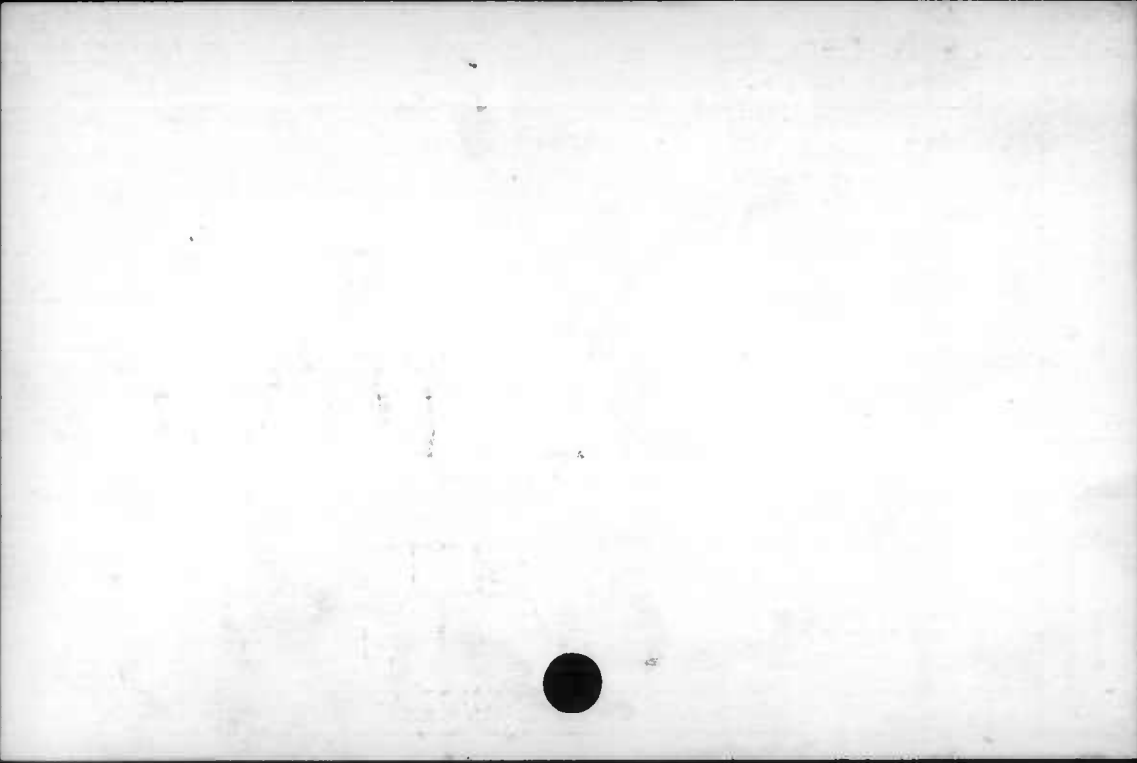
Address

R. P. Seale
60 Calhoun St.
Baltimore, Md

Accident or Suicide

no

PHYSICIAN
OR CORONER



Name
in
Full

unknown marine

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>annapolis, Md.</i>		Town		<i>Anne Arundel</i>		County		MARYLAND	
Date of death 190 <i>2</i>		Month <i>2</i>		Day <i>2</i>		Age <i>unknown</i>		Years Months Days	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>unknown</i>					
Occupation <i>marine</i>				Where Residing if not at place of death					
Married, Single or Widowed <i>unknown</i>				Name of Wife or Husband <i>unknown</i>					
Father's Name <i>unknown</i>				Father's Birthplace <i>unknown</i>					
Mother's Maiden Name <i>unknown</i>				Mother's Birthplace <i>unknown</i>					
Name of person giving Information <i>unknown</i>				How related to deceased <i>unknown</i>					

CAUSES OF DEATH

172

Primary <i>Found floating in Severn R.</i>		How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>H. H. H.</i>	
		Address <i>Baltimore, Md.</i>	
Accident or Suicide			

1 PHYSICIAN
OR CORONER

